

Dear Parents and Guardians:

Below is a list of immunizations required for admission to school in New York State. The school nurse will review your child's immunization records and contact you if any of the required vaccinations are missing. **Your child will be excluded from school by the Health Office based upon the following criteria:**

- Student transfer from other NYS School District has not provided Immunizations** Student will be excluded from school if all documentation of immunity is not provided to the health office within 14 days of entry into our school district
- Student transfer from out-of-state or other country has not provided Immunizations** Student will be excluded from school if all documentation of immunity is not provided to the health office within 30 days of entry into our school district

The state mandates medical inspections (exams) performed within the last school year for **new** students entering the district (including kindergarten) and those in grades 2, 4, 7, and 10. Once your provider has performed your child's physical, send a copy of the inspection to the school nurse. If you are having difficulty arranging a private physical, please contact your school nurse.

It is the responsibility of the parent or guardian to furnish the school with a certificate of immunizations. Students entering from foreign countries must provide an appropriately translated record.

Immunization Law

To prevent Communicable Disease and due to New York State requirement, all students must be immunized; no student will be allowed to attend the Baldwinsville Central Schools without proof of the following minimum requirements:

Acceptable proof of immunization should be provided in a form of certificate from physician or clinic specifying types and dates of immunization or disease; or blood test results that shows proof of immunity.

Name of Immunization	Number of Doses Required
Diphtheria Toxoid (usually administered as DPT, DT, DTaP or TD)	3 doses
Pertussis and Tetanus (Children born on or after January 1, 2005)	3 doses
Poliovirus (OPV, IPV or eIPV)	3 doses
Hepatitis B (K-12 students born on or after 1/1/93) (Preschool children born on or after 1/1/95)	3 doses
Measles (first administered after 12 months of age and second after 15 months of age)	2 doses
Mumps and Rubella (administered after 12 months of age)	1 dose each
Haemophilus influenzae type b (Hib) (Preschool children only)	3 doses of conjugate vaccine or 1 Hib if administered over 15 months of age.
Varicella	1 dose for child born on or after 1/1/1998 or after 1/1/94 & enrolling in Gr.6
Pertussis Booster (administered as a Tdap vaccine)	1 dose for children born on or after 1/1/94 & enrolling in Gr. 6

If either one of the exceptions listed below apply, it is necessary to provide a Physician Certification of Exemption or complete the Request for Religious Exemption to Immunization. The Religious Exemption document can be obtained at the District Registration Office.

1. If any licensed physician certifies that such immunizations may be harmful to a child's health, the requirements of the law will not apply until such immunizations are found to be no longer detrimental to the child's health.
2. If the child's parents or guardians are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required, no immunization certification shall be required as a requisite to such a child being admitted or received in school or attending school. This request must be reviewed, and approved by the superintendent.

If you do not have insurance, an Immunization Clinic is available through the Onondaga County Health Department. However, your child's immunization record must be presented at the clinic before your child can receive any immunizations. A parent or legal guardian must accompany the child. If you have any questions in regards to the clinic, their phone number is **435-3287**.

The School Health Care Team

With my signature, I acknowledge I am responsible for providing proof of immunization for my child to the Baldwinsville CSD,

Student Name: _____ Parent Signature: _____ Date: _____