

RYE CITY SCHOOL DISTRICT HEALTH CARE SERVICES Rye, NY 10580

STUDENT IMMUNIZATION RECORD

STUDENT'S NA	AWE		DATE	JF BIRTH!	_SCHOOL	
Public Health La	aw - Section 2164	: All students enrolling ir	n any school in New Yor	k State for the first tim	e shall submit a written s	tatement
		r that they have been im easles, Mumps, Rubella, I				
serologic proof	or infinitulity to wi	easies, Mullips, Rubella, I	nepatitis B of Varicella,	or medical exemptions	approved by the district.	
		HEALTH CAR	RE PROVIDER'S S	STATEMENT		
		quired): * If the 4 th dose		or older and at least 6	months after previous do	se, or
3 doses if 7 year	rs or older and the	e series was started at 1 y	ear or older.			
	1st	2 nd	3 rd	4 th	5 th	*
Dalla // wa		DV				
<u>POIIO</u> (4 or *3	doses of OPV/II	PV required): * The 3 rd d	ose in the series <u>MUST</u>	be received on/or after	age 4 years.	
	1 st	2 nd	3 rd	4 th	5 th	
		Mumps & 1 dose of Ru		ust be received on/or a	fter the first birthday. The)
2 nd dose must b	e received at leas	t 28 days after the first do	ose.			
	1 st	2 nd				
<u>Hepatitis B</u>	(3 doses): Dos	e 2 must be 4 weeks after	dose 1. Dose 3 must be	e 8 weeks after dose 2	and 16 weeks after dose 1	l.
	4 ot	Ond	0.4			
	1 ⁵¹	2 nd	3 ^{ru}			
Varicella (2 d	doses): Two dos	ses of chicken pox vaccin	e are required: First do	se must be received or	or after the first birthday	. The
		least 28 days after the fir				
	4-4	Out				
	1 st	2 nd				
Tdan (1 dose). Beautired for a	II students entering grade	s 6 through 12 Studen	ts entering 6th and 7th o	rade will need a Tdan	
		d no later than 11 years o				of age.
		•			,	J
	1 st					
Meningoco	ccal (2 doses):	One dose required for a	all etudante antarina ar	adae 7 8 0 10 8 11 9	Students entering grade 7	7 & & aro
		meningococcal conjugat				
the first dose no		eks of age. Two doses re				
or older.						
	1st	2 nd				
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hereby state,		NAME OF CHILD		has been imm	unized as documented	above.
HEALTH CARE PROVIDER'S SIGNATURE & STAMP:				DATE:		