

HAUPPAUGE PUBLIC SCHOOLS

Office of the Director for Pupil Personnel Services

Dear Parent,

In accordance with New York State Public Health Law, a Certificate of Immunization must be kept on file for every student.

To comply with this law, please have your physician complete this form and forward it to your child's school nurse as soon as possible.

Thank you.

STUDENT'S NAME: _____

IMMUNIZATION	(DATE) #1	(DATE) #2	(DATE) #3	(DATE) #4	(DATE) #5
POLIO (IPV or OPV)					
DTaP/DPT					
Tdap (Born on or after 1/1/1994 and entering 6 th grade on or after 9/01/2007)					
MEASLES (Live- 2 required)					
MUMPS					
RUBELLA					
MMR					
HEPATITIS B SERIES					
VARIVAX/VARICELLA (Born on or after 01/01/98, and 6 th graders)					

Physician's Signature

Date

6/2008