



**MAHOPAC MIDDLE SCHOOL**

425 Baldwin Place Road  
Mahopac, NY 10541  
(845) 621-1330  
FAX: (845) 628-5847  
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Dennis W. Creedon, Ed.D.  
*Superintendent of Schools*

Catherine Sweeney, Ph.D.  
*Admin. for Special Education*

Thomas Cozzocrea  
*Principal*

Alex Levine  
*Assistant Principal*

Starla Ciarelli  
*Assistant Principal*

*OUR CHILDREN, OUR SCHOOL, OUR FUTURE*

**Mahopac Middle School**

**Immunization Requirement for Students Entering 6<sup>th</sup> Grade:**

New York State law Section 2164 requires certain immunizations to enter 6<sup>th</sup> grade and attend school. They are listed below.

**Tdap:**

- Boostrix- Age 10: Not required to receive the Tdap until they turn 11 years old. At that time they must provide documentation of Tdap or proof of an appointment within 14 days.
- Adacel- Age 11: Must receive Tdap immunization.

**Varicella: - 2 doses**

**Polio: - 3-4 doses**

**Meningococcal: 1 dose**

Please have your physician or health Department Sign and Stamp their form or this form. Return the form to the Health Office by August 20, 2016.

Thank you,  
Alice Foley RN  
Mahopac Middle School Nurse  
845-621-1330 X4  
845-628-3456 fax  
[foleya@mahopac.k12.ny.us](mailto:foleya@mahopac.k12.ny.us)

Student name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tdap: Boostrix date: \_\_\_\_\_

Adacel date: \_\_\_\_\_

Varicella 1<sup>st</sup> dose date: \_\_\_\_\_ 2<sup>nd</sup> dose date: \_\_\_\_\_

Physician signature/Health Department Personnel: \_\_\_\_\_

Stamp \_\_\_\_\_

**Void if not signed and stamped**