

SCHOOL YEAR 2016-2017

Dear Parent or Guardian,

NYS Public Health Law 2164 regarding immunization requires acceptable proof of immunization for attendance in school. Please note the following requirements according to the grade your child is attending:

<u>Pre-Kindergarten:</u>	4 doses of (DTaP/DTP/Tdap) Diphtheria and Tetanus & Pertussis 3 doses of (IPV or OPV) Polio 1 dose of (MMR) Measles, Mumps, and Rubella 3 doses of Hepatitis B 1 dose of Varicella 1-4 doses of Haemophilus influenza type B (Hib) 1-4 doses of Pneumococcal Vaccine (PCV)*
<u>Kinder , Gr. 1 Gr 2</u>	3-5 doses of (DTaP/DTP/Tdap) Diphtheria and Tetanus & Pertussis 3-4 doses of (IPV or OPV) Polio 2 doses (MMR) Measles, Mumps and Rubella 3 doses of Hepatitis B 2 doses of Varicella
<u>Gr. 3, Gr. 4, Gr 5:</u>	3-5 doses of (DTaP/DTP/Tdap) Diphtheria and Tetanus & Pertussis 3 doses of Polio (IPV or OPV) Polio 2 doses of (MMR) Measles, Mumps and Rubella 3 doses of Hepatitis B 1 dose of Varicella
<u>Gr. 6, Gr. 7, Gr 8</u>	3 doses of (DTaP/DTP/Tdap) Diphtheria and Tetanus & Pertussis 1 dose (Tdap) Tetanus, Diphtheria and Pertussis Booster 3-4 doses of (IPV or OPV) Polio 2 doses of (MMR) Measles, Mumps and Rubella 3 doses of Hepatitis B 2 doses of Varicella
New Grade 7	1 dose of quadrivalent Meningococcus (MCV4)
<u>Grade 9-12</u>	3 doses of (DTaP/DTP/Tdap) Diphtheria and Tetanus & Pertussis 1 dose (Tdap) Tetanus, Diphtheria and Pertussis Booster 3 doses of (IPV or OPV) Polio 2 doses of (MMR) Measles, Mumps and Rubella 3 doses of Hepatitis B 1 dose of Varicella
New Grade 12	2 doses of quadrivalent Meningococcus (MCV4) (1 dose if 1st dose is given after 16th birthday)