Students Name:___________________________

Revisions To Immunization Requirement for Students Entering 6th
Grade in 2014/2015

Dear Parent/Guardian:

The New York State Department of Health has revised the regulations regarding
immunization for school attendance effective July 1, 2014. Students who are entering 6th
grade for the 2014-2015 School Year may require additional immunizations listed below:

1. **Tdap** – (see below)

2. **2nd dose of Varicella (Chicken Pox):** OR A medical record signed by a health care
   practitioner documenting the student had varicella disease. *Sérological laboratory evidence
   can be accepted as proof of immunity.*

3. **Inactivated poliovirus vaccine (IPV):**
   - If your child has received both OPV and IPV a total of 4 doses should be received regardless
     of the child’s current age.
   - 3 doses if last dose was after age 4.
   *Sérological laboratory evidence (on all 3 serotypes) can be accepted as proof of immunity.*

*Tdap:* Students who are entering 6th grade and who are 11 years of age or older must receive an
immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).
There are 2 immunizations currently available:
   - Boostrix® (10 – 64 year olds)
   - Adacel® (11 – 64 Year olds)

*The only two exemptions from the above vaccine requirements are either:*  
   - A medical exemption written by a New York State physician
   - A statement of religious exemption written by the parents/guardian of the student which must
     be approved by the superintendent or principal of the school

Your child will not be permitted to attend school without the necessary immunizations.

HEALTH PRACTITIONER TO COMPLETE BELOW:

Date of Tdap: ___________________________ Date of Varicella 2nd dose:___________

IPV #4 (if applicable)_____________________

___________________________________________________________________________

OFFICE STAMP NECESSARY

HEALTH PRACTITIONER SIGNATURE:___________________________

Address:_____________________________________________________________________

City/state/zip/phone:_________________________________________________________________

Phone: 914-834-6332 nurse@sjpschool.org