

**Mandatory immunization requirements for students attending school in New York State**

**Grades 9-12: The Darrow School**

**Student Name:** \_\_\_\_\_

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

1-Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap): **3 doses\***

**month/day/year:**

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2-Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap within last 10 years): **1 dose\***

**month/day/year:**

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3-Polio vaccine (IPV/OPV): **3 doses\***

**month/day/year:**

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4-Measles, Mumps and Rubella vaccine (MMR): **2 doses\***

**month/day/year:**

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5-Hepatitis B vaccine: **3 doses or 2 doses of adult hepatitis B vaccine (Recombivax)\***

**month/day/year:**

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6-Varicella (Chickenpox) vaccine: **1 dose\* or documented disease history**

**month/day/year: (immunization dates)**

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or

<b>History of Disease</b> (Age of child infected or date of Disease)	
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7-Meningococcal vaccine (Also known as MenACWY or MCV4 vaccine, brand names Menactra & Menveo.) : **2 doses or 1 dose if dose was received at 16 yrs or older\* (New requirement for 2016/17)**  
**month/day/year:**

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**Record of additional non required immunizations**

8-Hepatitis A: 2 doses

**month/day/year:**

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9-Human Papillomavirus (HPV): 3 doses

**month/day/year:**

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10-Other not listed:

**Vaccine Type: mo/day/year:**


\*Serologic proof of immunity can be accepted in place of vaccination only for the following diseases: measles, mumps, rubella, varicella, hepatitis B and all 3 serotypes of poliomyelitis found in the polio vaccines

**Does NYS allow exemptions to immunizations?**

Yes. The following exemption is allowed with proper documentation:

- If a **medical exemption** for a valid contraindication to vaccination exists the medical exemption must be certified by a New York physician licensed to practice and must specify which immunizations are contraindicated and why. **\*\*Please have your physician fill out the medical exemption form for any immunizations your child is to be considered medically exempt from.**

**MD Name:**\_\_\_\_\_ **(printed)**

**MD Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_