



New York State Education Public Health Law requires all pupils entering **Nursery and Pre-School programs** in New York State to furnish proof of having received or being in the process of receiving immunizations against POLIO-MYELLITIS, DIPHTHERIA, MEASELS, MUMPS AND RUBELLA, HAEMOPHILUS INFLUENZAE TYPE B(HIB), HEPATITIS B SERIES, or of exemption for medical or religious reasons. Proof of LEAD screening is also REQUIRED.

A physician's certificate must be presented as proof of immunization and screening.

School administrators will comply with the law by refusing attendance to any child inadequately immunized or not lead screened by the first day of attendance in *All Saints Catholic Academy* Nursery or Pre-School programs. The only exceptions are those children with valid religious or medical exemptions documented by a licensed physician.

Please complete the below information prior to your child starting school. An attached copy of immunizations with physician's signature is acceptable.

Child's Name _____ Birth Date _____

3yr old / 4yr old Program (circle one) Physician's name _____

New York State Requires the following immunizations. *Please specify dates.*

POLIO: I ____ II ____ III ____ **BOOSTERS:** ____ ____

DPT: I ____ II ____ III ____ **BOOSTERS:** ____ ____

MMR: I ____

HIB: I ____ II ____ III ____ (*only 1 HIB if administered after 15 months of age*)

HEP B: I ____ II ____ III ____

Other _____

LEAD SCREENING DATE _____ **RESULTS** _____

VARICELLA VACCINE _____ **DATE** _____



PHYSICIAN'S SIGNATURE _____

DATE _____