Notice of Exclusion from School Due to Incomplete Immunization Record

Child's Name:		Date:		
School ID :	chool ID: Grade/Class:			
School:		School Phone:		
Dear Parent / Gua	rdian:			
As of//_	your child ca	innot attend school due to incomplete required school		
immunizations. U	nder Public Health La	aw § 2164, your child will not be allowed to return to school		
unless you provide	documentation that	they have received the next dose of each of the following		
required vaccine(s):			
Vaccine	Missing Dose #	Notes		
Note to Providers: Ple	ease review the SH65 for	details on immunization requirements.		
Please show this le	etter and the chart on	the following page to your child's medical provider to ensure		
that your child rece	eives the missing dos	e(s) listed. Please then return the updated immunization		
records to your sch	nool principal. Alterna	tive schedules are not allowed. If your child has already		
received these imp	nunizations, present	the record of immunization to your school principal. If you have		
any questions, or f	or information on whe	ere your child may be vaccinated, please call 311.		
Sincerely,				
(Principal Name/Si	gnature)			

Cc: Student file Attendance teacher

Is Your Child Ready for Child Care or School?

Learn about required vaccinations in New York City

All students ages 2 months to 18 years in New York City must get the following vaccinations to go to child care or school. Review your child's vaccine needs based on their grade level this school year.

VACCINATIONS	Pre-Kindergarten (Child Care, Head Start, Nursery, 3K or Pre-k)	Kindergarten – Grade 5	Grades 6 – 11	Grade 12
Diphtheria, tetanus and pertussis (DTaP)	4 doses	5 doses	3 doses	
		or 4 doses ONLY if the fourth dose was received at age 4 years or older or 3 doses ONLY if the child is 7 years or older and the series was started at age 1 year or older		
Tetanus, diphtheria and pertussis booster (Tdap)			1 dose (on or after age 11 years)	
Polio (IPV/OPV)	3 doses	4 doses	4 doses	3 doses
		or 3 doses if the third dose was received at age 4 years or older	or 3 doses ONLY if the third dose was received at age 4 years or older	
Measles, mumps and rubella (MMR)	1 dose	2 doses		
Hepatitis B	3 doses	3 doses	3 doses or 2 doses of adult Hepatitis B vaccine (Recombivax HB) if the doses were received at least 4 months apart between the ages of 11 and 15 years	
Varicella (chickenpox)	1 dose	2 doses	1 dose	
Meningococcal conjugate (MenACWY)			Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose ONLY if the first dose was received at age 16 years or older
Haemophilus influenzae type B conjugate (Hib)	1 to 4 doses Depends on child's age and doses previously received			
Pneumococcal conjugate (PCV)	1 to 4 doses Depends on child's age and doses previously received			
Influenza	1 dose			