

Saint David's School
12 East 89th Street • New York, NY 10128

*** Note to Pediatrician – Please fill out the immunization worksheet below OR attach a current copy of the child's Immunization Record to his Health Form.*

2009-2010 IMMUNIZATION HISTORY WORKSHEET – GRADES 1-8

 Student's Name (print)

 Date of Birth

 Grade Entering in September

Vaccine	Doses Required by NY State Law	Date	Date	Date	Date
DtaP, DTP, DT, or Td (Diphtheria, Tetanus, Pertussis) <i>Vaccine type as appropriate for age</i>	3				
Tdap (Tetanus-Diphtheria-Pertussis)(Grade 6 or 7) <i>For all children born on or after January 1st, 1994 upon entering 6th or 7th grade</i>	1				
Polio (OPV or IPV)	3				
MMR (Measles, Mumps, Rubella) <i>One dose on or after the 1st birthday, plus a 2nd measles-containing vaccine (preferably as MMR) administered 28 days or more after the 1st dose and at or after 15 months of age</i>	2				
Hepatitis B <i>All students in all grades</i> Full Series 3 doses pediatric vaccine OR 2 doses adult vaccine at least four months apart for ages 11-15 only	2 or 3 Documentation must clearly specify vaccine type and dose given.				
Varicella* (Grades 1 – 8)** <i>For all through and including 8th grade, born on or after January 1, 1994, one dose on or after the 1st birthday.</i>	1				
**Although only 1 dose of vaccine is required, the recommendation is for all children to receive 2 doses of varicella-containing vaccine.	1				

***Documentation of Varicella/Chicken Pox titre and date of illness are required if Varicella vaccine is not given.**

Date of Illness: _____

Titre: _____