

**Saint David's School**  
**12 East 89<sup>th</sup> 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.**

**2008-2009 IMMUNIZATION HISTORY WORKSHEET – 4/5'S**

<b>Vaccine</b>	<b>Doses Required by NY State Law</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
DtaP or DTP (Diphtheria, Tetanus, Pertussis) <i>Fourth dose should be at least 6 months after the 3<sup>rd</sup></i>	4				
Polio (OPV or IPV)	3				
MMR (Measles, Mumps, Rubella) <i>One dose on or after the 1<sup>st</sup> birthday.</i>	1				
Hib (Haemophilus influenzae typeb) <i>One dose at or after 15 months If younger than 15 months, 3 doses required, as age appropriate</i>	1,2, or 3				
Hepatitis B	3				
Varicella* (Chicken Pox) <i>For children born on or after January 1, 2000, one dose on or after 1<sup>st</sup> birthday.</i>	1				

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

**Date of Illness:** \_\_\_\_\_

**Titre:** \_\_\_\_\_