

**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.**

**2010-2011 IMMUNIZATION HISTORY WORKSHEET – KINDERGARTEN**

\_\_\_\_\_

Student's Name (print)

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Grade Entering in September

Vaccine	Doses Required by NY State Law	Date	Date	Date	Date
DtaP or DTP (Diphtheria, Tetanus, Pertussis) <i>Fourth dose should be at least 6 months after the 3<sup>rd</sup></i>	4				
Polio	3				
MMR (Measles, Mumps, Rubella) <i>One dose on or after the 1<sup>st</sup> birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the first dose and at or after age 15 months.</i>	2				
Hepatitis B	3				
Varicella* (Chicken Pox) <i>Born on or after 1/1/94, 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:** \_\_\_\_\_