

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.**

2008-2009 IMMUNIZATION HISTORY WORKSHEET – KINDERGARTEN

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 3rd</i>	4				
Polio	3				
MMR (Measles, Mumps, Rubella) <i>One dose on or after the 1st 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>For children born on or after January 1, 1998, one dose on or after 1st 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: _____