

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 – PRE-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 3rd</i> | 4 | | | | |
| Polio (OPV or IPV) | 3 | | | | |
| MMR (Measles, Mumps, Rubella) <i>One dose on or after the 1st 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>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: _____