



**Warning Notice: Missing Immunization Records**

Child's Name:		Date:
Child's OSIS Number:	School DBN:	Grade or Class:

Dear Parent or Guardian:

Your child is missing one or more vaccines required for school (checked off in the following table). Under Public Health Law Section 2164, **your child's principal is prohibited from allowing your child to attend school after \_\_\_\_\_ unless you provide records your child has received the vaccines or proof of immunity.**

Show this letter to your child's health care provider to make sure they receive any missing vaccines. If your child already received the vaccines or has records of immunity, give the records to your school principal. Vaccines given before the minimum age (too early) do not count. Alternative vaccine schedules are not allowed. Call **311** for questions about immunizations or help finding a health care provider.

Vaccines (Missing Vaccines Are Checked)	Dose Number Needed	Health Care Provider Notes*
<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP or DTP), or Tetanus and diphtheria (Td) (see notes for ages)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	DTaP is for children younger than age 7 years. Td is for children age 7 years or older.
<input type="checkbox"/> Tetanus, diphtheria and acellular pertussis (Tdap)	<input type="checkbox"/> 1	Only doses of Tdap (or DTaP) given at age 10 years or older count for grades 6 to 11; doses given at age 7 years or older count for grade 12.
<input type="checkbox"/> Polio (IPV or OPV) (OPV <b>only</b> if before April 2016)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Blood work showing immunity to all three polio serotypes is accepted only if done before September 2019.
<input type="checkbox"/> Measles, mumps and rubella (MMR)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Blood work showing immunity is accepted.
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Blood work showing immunity or infection is accepted.
<input type="checkbox"/> Varicella (chickenpox)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Blood work showing immunity or provider documentation of disease is accepted.
<input type="checkbox"/> Meningococcal conjugate (MenACWY)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Only MenACWY doses given at age 10 years or older count for all grades 7 to 12 including the first dose for grade 12.
<input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child care, Head Start, nursery, 3-K or prekindergarten
<input type="checkbox"/> Pneumococcal conjugate (PCV)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child care, Head Start, nursery, 3-K or prekindergarten
<input type="checkbox"/> Influenza (flu)	<input type="checkbox"/> 1	Child care, Head Start, nursery, 3-K or prekindergarten

\*For health care providers: To view school immunization requirements, visit [schools.nyc.gov](http://schools.nyc.gov) and search for immunizations (see the Information for Providers section).

Principal's Name:
School Phone: