

NORTHERN ADIRONDACK CENTRAL SCHOOL

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Ellenburg Depot, NY 12935
(518) 594-3986



Health Office
Elementary School – ext. 2611
Middle/High School – ext. 3611

NEW YORK STATE IMMUNIZATION REQUIREMENTS – GR. K-12
ACKNOWLEDGMENT FORM

I understand that if my child transfers from a school district within New York State that I have two weeks from the date of admission or 30 days if transferred from outside New York State, to produce an official record of my child’s immunization or in lieu of this, either of the following:

- a) A written and signed statement from the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child’s immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal or person in charge may require supporting documents.
- b) New York State licensed physician’s certificate stating that the listed immunizations are detrimental to the child’s health. This MUST specify which vaccine is detrimental and the length of time for the exemption.

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y.S. Public Law, Section 2164. I further understand that, under the law, if the school **DOES NOT** receive the evidence of immunization within the specified period, my child **WILL BE EXCLUDED** from school until such time as the evidence is received.

You will find the New York State Immunization Requirements for School Entrance/Attendance from the Department of Health attached to this form. Please keep this as a reference. List your child(ren)’s names below, then sign and return this acknowledgement to school which will be kept on file.

Student Name & Teacher

Student Name & Teacher

Student Name & Teacher

Student Name & Teacher

Signature of Parent/Guardian

Date

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 8, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine need to be reviewed only for grades prekindergarten, kindergarten, 1, 2, 6, 7 and 8.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 9 through 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements **MUST** be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1 and 2	Grades 3, 4 and 5	Grades 6, 7 and 8	Grades 9, 10, 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years of age or older or 3 doses if aged 7 years or older and the series was started at 1 year of age or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³	Not applicable			1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses			
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years of age			
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸	Not applicable			By Grade 7: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years of age or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable			
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable			