Smithtown Christian School

IMMUNIZATION REQUIREMENTS FOR STUDENTS

ENTERING PRE-K

Dear Parent/Guardian,

The following immunizations are required by law for school attendance in New York State. No application will be processed without proof of immunization.

Immunizations Required for Grade Pre-K

Immunization	Number of Doses
Diphtheria/Tetanus/Pertussis(DTP/DTap/Tdap)	4
Polio (IPV/OPV)	3
Measles/Mumps/Rubella (MMR)	1
Hepatitis B	3
Varicella (Chicken Pox)	1
Haemophilus Influenzae (HIB)	1
Pneumococcal Conjugate (PVC)	1

****MMR and Varicella to be given on or after first birthday.**

Please have your child's physician complete the form below and return it to the Health Office at Smithtown Christian School upon application for registration.

Student's Name _____

DOB _____School Name _____

DTP/DTaP/Tdap #1 _____#2_____#3_____#4_____

Polio #1 _____#2_____#3_____

Measles, Mumps, Rubella #1_____

Hepatitis B #1_____#2_____#3_____

Varicella #1_____ or Date of Disease _____

Haemophilus Influenzae (HIB) #1_____

Pneumococcal Conjugate (PCV) #1_____

Physician's Signature _____

Date _____ Physician's Stamp:

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