Smithtown Christian School

IMMUNIZATION REQUIREMENTS FOR STUDENTS

ENTERING GRADE K-5

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 K through Grade 5:

Immunization	Number of Doses
Diphtheria/Tetanus/Pertussis(DTP/DTap/Tdap)	4 – 5 *
Polio (IPV/OPV)	3 – 4 *
Measles/Mumps/Rubella (MMR)	2 **
Hepatitis B	3
Varicella (Chicken Pox)	2 **

(*) Last dose of DPT and Polio to be given on or after fourth birthday.
(**) First dose of 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_____#5_____

Polio #1 _____#2_____#3_____#4_____

Measles, Mumps, Rubella #1_____#2_____

Hepatitis B #1_____#2_____#3_____

Varicella #1_____#2_____ or Date of Disease _____

Physician's Signature _____

Date _____ Physician's Stamp:

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