

# GREAT NECK PUBLIC SCHOOLS

## Health Services Immunization Record

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

Under section 2164 of the New York State Public Health Law, all children attending school, ... or any preschool program must be immunized against Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Hepatitis B, Varicella, Meningococcal, Haemophilus Influenza b & Pevnar. Children who attend a preschool... must also show evidence of lead screening. Please have your Health Care Provider fill in **Month, Day & Year of ALL Immunizations. ALL DATES ARE REQUIRED.**

Your child **may not** attend school without this information.

**\*\*PLEASE CHECK WITH YOUR DOCTOR FOR THE REQUIRED DOSES FOR YOUR CHILD ACCORDING TO ACIP GUIDELINES\*\***

- ◆ **DTaP → 3-5 Doses Required** {Must have 1 Dose given AFTER age 4, prior to Kindergarten}  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **Tdap → 1 Dose Required** {Mandatory Grades 6<sup>th</sup> -12<sup>th</sup>} **AND ALSO** {Depending on Age & Grade}  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **IPV → 3-5 Doses Required** {Must have 1 Dose given AFTER age 4, prior to Kindergarten}  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **HBV (HEPATITIS B) → 3 Doses Required**  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ Additional Doses: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **MMR → 2 Doses Required** {1<sup>st</sup> Dose Must be given on or After First Birthday. 2<sup>nd</sup> Dose Required for Kindergarten.}  
MMR: 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Or MEASLES: 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ MUMPS 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ RUBELLA 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **VARICELLA VACCINE (CHICKEN POX) → 2 Doses Required** {1<sup>st</sup> Dose Must be given on or After First Birthday. 2<sup>nd</sup> Dose Required for Kind., 1<sup>st</sup> & 2<sup>nd</sup> Grade}  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ Or proof of Disease from Health Care Provider → DATE: 1. \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **MENINGOCOCCAL VACCINE → 2 Doses Required** {1<sup>st</sup> Dose Required for 7<sup>th</sup> Grade. 2<sup>nd</sup> Dose Required on or After Age 16, &/Or Entering 12<sup>th</sup> Grade.}  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_

For children entering Preschool program

- ◆ **Hib (HAEMOPHILUS INFLUENZA b) → 1-4 Doses Required** {Depending on Age & Grade}  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **PREVNAR (PCV) → 1-4 Doses Required** {Depending on Age & Grade}  
1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_
- ◆ **LEAD SCREENING → Required for Preschool** → \_\_\_\_/\_\_\_\_/\_\_\_\_ → \_\_\_\_\_

Optional Vaccines

- ◆ **HEPATITIS A Vaccine (HAV) → 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_**
- ◆ **HUMAN PAPILLOMAVIRUS (HPV) → 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_/\_\_\_\_/\_\_\_\_**
- ◆ **PPV (Pneumococcal Polysaccharide Vaccine) → 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_**
- ◆ **ROTATEQ → 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_**
- ◆ **OTHER VACCINES: \_\_\_\_\_ → 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_**
- **PPD/TB TEST → \_\_\_\_/\_\_\_\_/\_\_\_\_ Read \_\_\_\_/\_\_\_\_/\_\_\_\_ → \_\_\_\_\_ mm → Result: N\_\_ P\_\_**

**\*\*Children who have not been immunized may be admitted with 1 Dose of each required vaccine series & has WRITTEN age appropriate appointments to complete the series according to the ACIP guidelines.\*\***

**PHYSICIAN'S SIGNATURE, STAMP, ADDRESS, PHONE NUMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_