

# Union-Endicott Central School District

## Immunization Requirement for New York State Students

Dear Parent/Guardian, -

New York State Law Section 2164 requires certain immunizations (shots) to attend NYS schools. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. Please send proof of immunization or questions to the school nurse where your child will be attending:

School Nurse: \_\_\_\_\_

School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Proof of immunization must be any 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry Report (NYSIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For Varicella (Chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

GRADE	IMMUNIZATION	NUMBER OF DOSES
UPK	Polio	3
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	4
	Measles/Mumps/Rubella	1
	Varicella (Chickenpox)	1
	Hib	1-4 (At appropriate intervals)
	PCV	1-4 (At appropriate intervals)
K-4	Polio	3-4 (Last dose must be after age 4)
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	4-5 (Only 4 if last dose after age 4)
	Measles/Mumps/Rubella	2
	Varicella (Chickenpox)	2
5	Polio	3
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	4-5 (Only 4 if last dose after age 4)
	Measles/Mumps/Rubella	2
	Varicella (Chickenpox)	1
6	Polio	3-4 (Last dose must be after age 4)
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	4-5 (Only 4 if last dose after age 4)
	Tdap	1
	Measles/Mumps/Rubella	2
	Varicella (Chickenpox)	2
7-9	Polio	3-4 (Last dose must be after age 4)
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	3
	Tdap	1
	Measles/Mumps/Rubella	2
	Varicella (Chickenpox)	2
	Meningococcal	1
10	Polio	3-4 (Last dose must be after age 4)
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	3
	Tdap	1
	Measles/Mumps/Rubella	2
	Varicella (Chickenpox)	2
11	Polio	3
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	3
	Tdap	1
	Measles/Mumps/Rubella	2
	Varicella (Chickenpox)	1
12	Polio	3
	Hepatitis B	3 (At appropriate intervals)
	Diphtheria/Tetanus/Pertussis	3
	Tdap	1
	Measles/Mumps/Rubella	2
	Varicella (Chickenpox)	1
	Meningococcal	1 (After 16 years of age)