

*Celebrating 60<sup>th</sup> Sensational Years*



# Emanuel Lutheran School

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*Faithfully serving families since 1957*

*2016 International Award-Winning Inviting School  
2017 Inviting School Fidelity Award  
by International Alliance for Invitational Education*

## IMMUNIZATION INFORMATION

New York State Public Health Law, Section 2164 mandates that schools shall not permit a child to be admitted unless the parent provides the school with a certificate of immunization or proof from a physician, nurse practitioner or physician's assistant that the child is in the process of receiving the required immunizations.

<i>Name of Immunization</i>	<i>Number of Doses Required</i>
Diphtheria Toxioid (usually administered as DPT, DT, DTaP or TD)	3 doses
Pertussis and Tetanus (Children born on or after 1/1/05)	3 doses
Oral Poliovirus (OPV, IPV or eIPV)	3 doses
Hepatitis B (K-12 students born on or after 1/1/93) (Preschool children born on or after 1/1/95)	3 doses
Measles (the first administered after 12 months of age and the second after 15 months of age)	2 doses
Mumps and Rubella (administered after 12 months of age)	1 dose each
Haemophilus influenza type b (Hib)	3 doses of conjugate vaccine or 1 Hib if administered over 15 months of age.(Preschool children only)
Varicella	1 dose for children born on or after 1/1/98 or after 1/1/94 and enrolling in 6 <sup>th</sup> Grade
Pertussis Booster (administered as a Tdap vaccine)	1 dose for children born on or after 1/1/94 and enrolling in 6 <sup>th</sup> Grade

My Child, \_\_\_\_\_, (Date of Birth) \_\_\_\_\_ has completed the following immunization(s):

Polio OPV (3 doses) 1. 2. 3.	Diphtheria DPT(3doses) 1. 2. 3.	MMR 1. 2.	Hepatitis B (3 doses) 1. 2. 3.
Polio Boosters 1. 2. 3.	Diphtheria Boosters 1. 2. 3.	Measles 1. 2.	Varicella 1. 2. 3.
Mumps 1.	HIB Vaccine (Pre-K) 1.	Rubella 1.	Tuberculin Tine Test 1.
PPD 1. 2.	Lead Screening (Pre-K) 1. 2.		

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp

*Live a life worthy of the Lord....bearing fruit in every good work, growing in the knowledge of God. Col 1:10*

## STATEMENT OF INTENT TO OBTAIN PHYSICAL EXAMINATION FOR NEW ENTRANTS

The New York State Education Law, Article 19, Sections 903 and 904, and school district policy, require that students in prekindergarten through twelfth grade entering the district for the first time, submit documentation that a physical examination has been conducted. This examination may be provided by your health care provider or by our school physicians.

Please indicate your preference below:

\_\_\_\_\_ Health Care Provider (at your expense)

\_\_\_\_\_ School Physicians

I understand that my child may be excluded from school if documentation of a physical examination is not presented to the school within fifteen (15) calendar days of today or if my child has not been examined by a school-appointed physician (at no expense to me).

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_