

CERTIFICATE OF IMMUNIZATION FOR ENTRY INTO WEBSTER SCHOOLS

Grade: _____

School: _____

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

IMMUNIZATIONS REQUIRED FOR NEW ENTRANTS: TO BE COMPLETED BY HEALTH CARE PROVIDER

Immunization record attached

	1st	2nd	3rd	4th	5th
DTaP	*	*	*		
Polio: (type)	*	*	*	<i>*if IPV</i>	
HIB					
Tdap	*				
Hep B	*	*	*		
MMR	* Full Date:	*Full Date:			
Varicella (Chickenpox)	*Full Date:	*Full Date:	Contracted disease date:		
Pneumococcal					

SICKLE CELL SCREEN		Date:
Positive	Negative	
PPD		Date:
Positive	Negative	
LEAD SCREEN		Date:
Positive	Negative	

*required for entry to school in NYS - requirements may vary by age and grade:

*All Kindergarteners and new entrants born on or after 1/1/1985 MUST have 2 (two) doses of measles vaccine. MMR is the preferred vaccine. 1st dose must have been on or after the 1st birthday.

*All Kindergarteners born on or after 1/1/1998 MUST have one dose of varicella (chicken pox) vaccine: All preschoolers born on or after 1/1/2000 Must have one dose of varicella (chicken pox) vaccine.

<input type="checkbox"/> Immunization is completed as required by New York State Law. Dates are included above.	<input type="checkbox"/> Immunization is in process and can be completed by : _____
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Signature of Examining Physician

Date

Printed Name of Examining Physician

Address

I hereby agree to submit additional certification when immunization has been completed. I understand that my child will be excluded from school if full certification has not been received by the school within ten school days of the date specified by the examining physician.

Signature of Parent/Guardian

Date