

NEW IMMUNIZATION REQUIREMENT FOR STUDENTS IN GRADE SIX
VARICELLA (CHICKEN POX VACCINE)
DIPHTHERIA, PERTUSSIS, TETANUS BOOSTER (Tdap)

Dear Parent/Guardian:

According to New York State law:

- Students who were born on or after January 1, 1994, and who enroll in the 6th grade must be immunized against varicella (Chicken Pox).
- Special Education students in gradeless classes who were born on or after January 1, 1994, must be immunized against varicella.
- Students who are entering 6th grade or a comparable age-level special education program on or after September 1, 2007 and who are 11 years of age or older must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).
- Ten-year-old students who are entering 6th grade will not be required to receive a Tdap vaccine until they turn eleven years of age. However, as Tdap may be given to children over 9 years of age, we encourage you to consult with your child's health care provider and have the required vaccine as soon as possible.

If your child has already received these immunizations please forward a certificate of immunization to the Health Office as soon as possible so that his/her health record can be updated. If your child has not received the required immunizations, please contact your child's health care provider or the Albany County Health Department (447-4589) to schedule administration of these immunizations.

Please have your child's health care provider complete the information in the box below and return this to the health office as soon as possible, but no later than **September 1st**. **Without this documentation, your child will be excluded from school.**

If you have any questions regarding these requirements, please contact the School/Nurse Teacher.

Principal

School Nurse/Teacher

Phone Number

Please have your child's health care provider complete, sign and stamp this form. This form must be returned to the Health Office as soon as possible but no later than September 1st.

Student's Name: _____

Received Varicella Vaccine – Date: _____

Received Tdap immunization - Date: _____

Tdap immunization deferred until 11 years of age - Birthdate: _____

Tdap immunization deferred due to student receiving Td, DT, or DTaP within the last two years.

Date of last Td, DT, or DTaP: _____

Student will be eligible for Tdap immunization on _____

Physician's Signature: _____

Physician's Stamp: