

Sachem Central School District at Holbrook

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KINDERGARTEN REGISTRATION IMMUNIZATION STATEMENT

New York State Public Health Law 2164 mandates that all children be properly immunized before being allowed to attend/enter school. It is the responsibility of the parent/guardian to provide official medical documentation of appropriate immunizations to the school which the student wishes to attend.

Each parent/guardian should review this information carefully and review it with their child's physician when completing the Immunization Statement at the bottom of this page. If you have any questions pertaining to this information, please contact the school nurse where your child will be attending school.

PUBLIC LAW 2164 IMMUNIZATION DOCUMENTATION

STUDENT NAME: _____

DATE OF BIRTH: _____

1. DIPHTHERIA TOXOID VACCINE (DTap, DTP)

3 Doses Dates: _____

2. POLIO (4 Doses IPV)

4 Doses Dates: _____

3. MEASLES, MUMPS, RUBELLA (MMR)

2 Doses Measles Dates: _____

1 Dose Mumps & Rubella Date: _____

Or 2 doses MMR: _____

4. HIB

1 Dose Date: _____

5. HEPATITIS B

3 Doses Dates: _____

6. VARICELLA

Born on or after 1/1/98 One Dose Date: _____

Born On or After 01/01/1994 - Entering 6th Grade

One Dose Date: _____

Disease Date: _____

Physician's Signature

Stamp

Date