

**ROCKVILLE CENTRE PUBLIC SCHOOLS, ROCKVILLE CENTRE, NY 11570
IMMUNIZATION CERTIFICATE**

SCHOOL _____ **GRADE** _____

NAME _____ **D.O.B.** _____

This card must be completed before your child will be admitted to school in accordance with the amendments to the Public Health Law, Article 21, Section 2164. This section requires proof of immunization for Diphtheria, Tetanus, Pertussis, Poliomyelitis, Measles, Mumps, Rubella, Hepatitis B, and Varicella. **Grades 7 and 12 proof of immunization for Meningitis.**

DTaP, DTP.....#1 _____ #2 _____ #3 _____ #4 _____ #5 _____
 Tdap Booster..... _____
 IPV#1 _____ #2 _____ #3 _____ #4 _____
 Live Measles, Mumps and Rubella.....#1 _____ #2 _____ OR _____
 Live Measles#1 _____ #2 _____
 Live Mumps.....#1 _____ #2 _____
 Live Rubella.....#1 _____ #2 _____
 Hepatitis B.....#1 _____ #2 _____ #3 _____
 Meningococcal Vaccine...#1 _____ Polysaccharide Conjugate #2 _____ Polysaccharide Conjugate
 Varicella.....#1 _____ #2 _____ or Varicella Disease _____
 Mantoux Date: _____ Results: _____ mm induration Mantoux Date: _____ Results: _____ mm induration
 Other: _____

Signature of Healthcare Provider: _____ **Date:** _____
Address of Healthcare Provider: _____
Telephone Number of Healthcare Provider: _____ **STAMP HERE:** _____