

Dear Parents/Guardian,

New York State Department of Health mandates that students who are entering 6<sup>th</sup> grade will require 2 additional immunizations:

**Tdap**( described below) and a  
2<sup>nd</sup> dose of **Varicella**-A health care provider's signed medical record  
indicating the student had a varicella disease is acceptable proof of  
immunity.

Students who are entering 6<sup>th</sup> grade and who are 11 years of age or older must receive an immunization containing tetanus toxoids,diphtheria, and acellular pertussis(Tdap).

Students who are 10 years old and entering 6<sup>th</sup> grade will not be required to receive the Tdap vaccine until they turn 11 years old. At that time they must provide documentation of having received the Tdap vaccine or proof of an appointment within 14 days. Without the proper documentation, your child will be excluded form school.

If you have any questions or concerns, please call me at 516-305-8605.

Sincerely,  
Dana Lieberman,RN  
Middle School Nurse

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**NAME OF STUDENT** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**DATE OF BOOSTRIX OR ADACEL VACCINE** \_\_\_\_\_

**DATE OF 2<sup>ND</sup> DOSE OF VARICELLA** \_\_\_\_\_

**MD STAMP AND SIGNATURE** \_\_\_\_\_

**Please return of Middle School Health Office or fax to 516-305-8693**

Dear Parent/Guardian:

Our records indicate that your child \_\_\_\_\_ received a Td (tetanus) vaccine on \_\_\_\_\_.

New York State's recommendation indicates that the Tdap vaccine can be given regardless of the interval since the last Td. The Tdap vaccine is a New York State requirement for all children 11 years of age.

Therefore, please have your doctor fill out the form below and return as soon as possible. If this documentation is not received by September 3, 2014, your child will be excluded from school.

If you have any questions, please call 516-305-8605.

Sincerely,

Dana Lieberman, RN  
School Nurse

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**NAME OF STUDENT** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**DATE OF ADACEL OR BOOSTRIX VACCINE** \_\_\_\_\_

**MD STAMP AND SIGNATURE** \_\_\_\_\_

***Please return to Middle School Health Office or fax to 516-305-8693.***

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