

International Students Immunization Record New York State Immunization Requirements for School Entrance

Student's Name _____

Doctor's Signature _____ Date: _____

Diphtheria Toxoid ,Tetanus Toxoid- and Pertussis Vaccine (DTaP, DTP)
3 doses minimum :

1. _____ 2. _____ 3. _____ 4. _____
5. _____

Tetanus, Diphtheria, and Pertussis Booster (Tdap)- (must be pertussis booster) :
received after age 10.

1. _____

Polio (IPV or OPV) 3 doses minimum:

1. _____ 2. _____ 3. _____ 4. _____

Measles, Mumps and Rubella (MMR) 2 doses of measles-containing vaccine and 1 dose each of mumps and rubella (preferably both as MMR)

1. _____ 2. _____

Hepatitis B 3 doses

1. _____ 2. _____ 3. _____

Varicella (Chickenpox) 1 dose or date of having had disease:

1. _____

Meningococcal (Meningitis) 1 dose for 7th grade, 2 doses for 12th grade (unless first dose given at age 16 or older, then 1 dose)

1. _____ 2. _____

Other immunizations: _____