

ST. PAUL LUTHERAN PRESCHOOL

IMMUNIZATION CERTIFICATE

STUDENT'S NAME: _____ DATE _____

GRADE (circle one): Preschool 3 year old Preschool 4 year old

STATE-MANDATED IMMUNIZATION RECORD

New York State Public Law 2164 requires HIB, polio, measles, Rubella (German) measles, mumps, Hepatitis B, Varicella, and diphtheria-pertussis-tetanus immunizations before a child can be admitted.

THIS IS TO CERTIFY THAT _____
(student's last name) (first name) (middle)

Address: _____ Birth Date: _____

Phone No. _____

HAS RECEIVED the following MANDATED IMMUNIZATIONS: (list dates)

1. HAEMOPHILUS INFLUENZAE 1. _____ 2. _____ 3. _____
 TYPE B (HIB)

2. ORAL POLIO (SABIN) 1. _____ 2. _____ 3. _____
 (3 doses mandated) 4. _____ 5. _____

3. DIPHTHERIA -PERTUSSIS-TETANUS (DPT) 1. _____ 2. _____
 (3 doses mandated) 3. _____ 4. _____ 5. _____

4. MEASLES (RUBEOLA) 1. _____ Date of Diagnosed Disease
 (1 dose live measles 2. _____
 administered on or after _____
 18 months.)

5. MUMPS 1. _____ Date of Diagnosed Disease
 (1 dose live mumps 2. _____
 administered on or after _____
 18 months.)

6. HEPATITIS B 1. _____ 2. _____ 3. _____

7. MEASLES (RUBELLA) 1. _____ Date of Diagnosed Disease
(1 dose live Rubella
administered on or after 2. _____
18 months.)

8. LEAD SCREENING 1. _____

9. VARICELLA (1 dose, serology, or MD DX) 1. _____

10. Pneumococcal (1 dose) 1. _____

*Date of Positive serology _____
(Date of disease acceptable only if date of positive serology is indicated.)

**Physician's
Signature: _____ Date: _____
Address: _____ Phone: _____

**Doctor's signature not required if official immunization record
is presented to school.
(Doctor's booklet or signed Public Health Record or School Health Records.)

**PLEASE RETURN THIS FORM TO THE CHURCH/PRESCHOOL OFFICE
AT ST. PAUL LUTHERAN CHURCH and PRESCHOOL**

REVISED 02/2014

