

EXHIBIT

2003

Students

IMMUNIZATION REFERRAL LETTER

Catskill Central School District
347 W. Main Street
Catskill, NY 12414

Date _____

(Child's Name and Date of Birth)

(Parent's Name and Address)

New York State Public Health Law, Section 2164 mandates that schools shall not permit a child to be admitted unless the parent provides the school with a certificate of immunization or proof from a physician, nurse practitioner or physician's assistant that the child is in the process of receiving the required immunizations. The required immunizations are:

- 3 doses of diphtheria toxoid, pertusis, tetanus (4 doses for New York City Schools).
- 3 doses of poliovirus vaccine.
- 3 doses of hepatitis B (K-12 students born on or after 01/01/93 and children born on or after 01/01/95 beginning with their enrollment in any school.)
- 2 or 3 dose series of hepatitis B vaccine is required for all students who are entering the 7th grade on or after September 1, 2000.
- 2 doses of Measles vaccine, the first administered after 12 months of age and the second after 15 months of age. (Children born on or after 01/01/85 who attend elementary, intermediate or secondary school on or after September 1, 1991 must also receive a second dose of live measles virus vaccine.)
- 1 dose of Mumps vaccine administered after 12 months of age.
- 1 dose of Rubella vaccine administered after 12 months of age.
- 3 doses of Haemophilus influenzae type b (Hib) Conjugate Vaccine for all children less than five years of age who are enrolled in a day care, pre-kindergarten or nursery school. For a child who is 15 months of age or older, it is acceptable to have received a single dose of Haemophilus influenzae type b Conjugate Vaccine at or after the age of 15 months. (Pre-school children only.)
- 1 dose of varicella vaccine for all children born on or after January 1, 2000 and are enrolled in any school. Also, for children born on or after January 1, 1998 and are entering kindergarten in September 2003.

All of the above immunizations must be documented by your health care provider, health department where the child received the immunizations, or must be from an official copy of the immunization

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record from the child's previous school. All immunizations must specify the exact date each immunization was administered. Your child will not be permitted to attend school without the necessary verification of immunizations.

The problem(s) with your child's immunization requirements for school entry is/are:

The required immunizations could be obtained from:

1. Your family health care provider.
2. _____
3. _____

(List of local sources for obtaining immunizations, e.g., county health department clinics, etc., addresses, and phone numbers.)

As soon as you obtain the Certificate of Immunization, bring it to the School Health Office to be copied and returned to you.

If you have further questions or concerns about immunizations, please feel free to contact the school health staff.

Sincerely,

(Principal)

(School Nurse)

(Telephone Number)