

YORKTOWN CENTRAL SCHOOL DISTRICT
2723 Crompond Road
Yorktown Heights, NY 10598

*****SECOND REMINDER*****

Dear Parent/Guardian:

Our health office records indicate that your son/daughter needs the following immunizations. If he/she has received the immunization please have your health care provider complete this form and return it to the MESMS health office **before August 1st**. **If your child does not have the required immunization, it will prevent him/her from returning to school in September 2007.**

Students Name _____

Varivax (Chicken Pox)– Required for **all students** entering 6th grade

Date of immunization _____

Medical Doctor Verification of disease with signature _____

Proof of serological immunity _____

Diphtheria, Tetanus, and Pertussis (Whooping Cough) – A **booster** is required for **all students born before September 5, 1996 entering 6th grade in Sept 2007. All students born after September 5, 1996 will be required to provide proof of immunization before the last day of his/her birthday month.** There are two Tdap boosters available: Boostrix (licensed for 10 to 18 yrs old) and Adacel (licensed for 11 to 65 years old.)

Last date of **Diphtheria** _____ **OR** **Tdap** _____

Last date of **Pertussis** _____

Last date of **Tetanus** _____

Physician's signature _____ Date _____

Thank you for your help in this matter.

Sincerely,

Lisa Epstein RN MESMS 243-8120
Elaine Goodwin RN Brookside 243-8135
Linda Elkind RN Crompond 243-8145