Sullivan West Central School
33 Schoolhouse Road, Jeffersonville, New York 12748 ● Tel (845) 482-4610 x2139 ● Fax (845) 482-4824
6604 State Route 52, Lake Huntington, New York 12752 ● Tel (845) 932-8401 x1120 ● Fax (845) 513-2601

Judy Durkin, SWE Nurse
Danielle DuBois, SWHS Nurse

2020-2021 School Year

Immunization Requirements for Students in Kindergarten, Grades 1, 2, 3, 4, & 5

Important: On 6/13/19, NYS eliminated the religious exemption from vaccinations for school attendance. Information is available on the NYS Department of Health website at: https://www.health.ny.gov/prevention/immunization/schools/.

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations.

Required Immunizations for Kindergarten & Grade 1, 2, 3, 4, & 5

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Number of Doses</th>
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</thead>
<tbody>
<tr>
<td>Polio</td>
<td>4 doses or 3 doses if the 3rd dose given at 4 years of age or older</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
</tr>
<tr>
<td>Diphtheria/Tetanus/Pertussis</td>
<td>5 doses or 4 doses if the 4th dose given at 4 years of age, or 3 doses if 7 years or older &amp; series started at age 1 or older</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella</td>
<td>2 doses</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>2 doses</td>
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</tbody>
</table>

Please send proof of immunization to the school nurse where your child will be attending.

Proof of immunization must be any 1 of the 3 items listed below:
- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions/concerns about immunizations, please contact your healthcare provider.

School Contact Information
School Nurse: _____________________________  School: _____________________________
Phone #: _______________________  Fax: ____________________  Email: _______________________

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