



BEDFORD CENTRAL SCHOOL DISTRICT
School Health Services
 THE FOX LANE CAMPUS, P.O. BOX 180
 MOUNT KISCO, NEW YORK 10549
 914-241-6000

Dr. Robert Glass
 Superintendent of Schools

Dr. Louis Corsaro
 Medical Director

New York State Required Immunizations

STUDENT'S NAME: _____ DOB: _____ Grade: _____

DPT/DTaP/DI: 5 full dates required: (unless 4th dose was received at 4 years of age or older or 3 doses if 7 years or older and the series was started at 1 year or older)

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Tdap: 1 full date required on or after 11th birthday: _____

POLIOMYELITIS: 4 doses required (unless 3rd dose was received at 4 years of age or older)

#1 _____ #2 _____ #3 _____ #4 _____

MMR Vaccine: 2 full dates required: #1 _____ #2 _____

McqI Vaccine: 2 full dates required: (7th gr. & 12th gr.) or 1 dose if the dose was received at 16 years or older)

#1 _____ #2 _____

VARICELLA Vaccine: 2 full dates required: #1 _____ #2 _____

HEPATITIS A Vaccine dates: (not required but suggested) #1 _____ #2 _____

HEPATITIS B Vaccine: 3 full dates required: (or 2 doses of Adult Hep B for children who received the doses at least 4 months apart between the ages of 11 through 15)

#1 _____ #2 _____ #3 _____

HIB Vaccine: 1 to 4 doses (required for preschool only):

#1 _____ #2 _____ #3 _____ #4 _____

Pneumococcal Conjugate Vaccine (PCV): 1 to 4 doses (required for preschool only):

#1 _____ #2 _____ #3 _____ #4 _____

Disease History: Chicken Pox (date): _____ Lyme (date): _____

Signature of Physician: _____

Date: _____

Physician's Stamp

Telephone Number: _____