

# Union-Endicott Central School District

## Health Requirements

### Parent Copy

Dear Parent/Guardian,

New York State Public Health Law 2164 states that a principal or person in charge of a school shall not permit a child to be admitted to school unless a person in parental relation to the child furnishes the school with proof the child has received all required immunizations. Within 14 days, I will furnish the school with a certificate of required immunizations or my child will be subject to exclusion from school.

**Immunization Requirements (within 14 days):**

MMR (Measles, Mumps, Rubella)	2 doses
DTap, DTP	4-5 doses at appropriate intervals
Polio (Salk)	3-4 doses at appropriate intervals
Varicella	2 doses for all grades except for grades 5,11, and 12 which require only 1 dose.
Tdap	1 dose, students in grades 6-12
Hepatitis B	3 doses at appropriate intervals
Meningitis	1 dose for students entering grades 7, 8, 9 and 12 (Note for grade 12 – must have dose after 16 years of age)

**Physical Examination:**

The New York State Education Law and Regulations also require that all new entrants to school receive a physical examination. A completed health form must be filled out and returned to the Health Office. The examination must be performed during the calendar year of the entrance date to school and must be signed by a licensed physician, Nurse Practitioner or Physician's Assistant, who is authorized to practice medicine in New York State.

Ideally, your family physician should perform this examination. However, the school district is mandated by law to provide a physical examination of any pupil whose parents do not provide a report from a family physician. These physicals are scheduled throughout the school year. If a student does not appear for the examination at the time he/she is scheduled, they will not be eligible to attend school the following September and thereafter unless or until a signed physical form is received by the Health Office.

If you need further information, contact the Health Office in your student's building.

**I have received a copy of this letter.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

# Union-Endicott Central School District

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### School Copy

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Date

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Student Name