H.E. 268 Rev.(2019)

CITY SCHOOL DISTRICT OF ALBANY
BUREAU OF HEALTH AND PHYSICAL EDUCATION

IMMUNIZATION REQUIREMENTS:

DIPTHERIA, PERTUSSIS, TETANUS BOOSTER (Tdap)
MENINGOCOCCAL VACCINES

GREEN TECH HIGH SCHOOL HEALTH OFFICE

Health Office Phone (518) 407-2552 Fax (518) 434-0597
Email: nurse@greentechhigh.org
Main Office Phone (518) 694-3400 Fax (518) 694-3401

Dear Parent/Guardian:

The purpose of this letter is to inform you about recent updates in the immunization requirements for school entry. Key points regarding this requirement are:

- Students who are *entering 6th grade* and who are 11 years of age or older must receive Tdap.
- Ten-year-old students who are *entering 6th grade* will not be required to receive a Tdap vaccine until they turn eleven years of age. However, as Tdap may be given to children over 9 years of age, **we encourage you to have the Tdap now**.
- Students who are *entering 7th grade* are required to have a meningococcal MCV4-ACYW immunization, so **we encourage you to get the MCV4 at the same time as the Tdap**.
- Students who are *entering 12th grade* are required to have a second MCV4 immunization (unless their first one was after age 16).

If your child has already received these immunizations, please forward a certificate of immunization to the Health Office as soon as possible so that his/her health record can be updated. If your child has not received the required immunizations, please contact your child's health care provider or the Albany County Health Department (447-4589) to schedule administration of this immunization.

Please have your child's health care provider complete the information in the box below and return this to the health office as soon as possible, but no later than **14 days after your child's 11th birthday for Tdap, or 14 days after the start of 7th grade/12th grade for MCV4**. **Without this documentation, your child will be excluded from school.**

If you have any questions regarding these requirements, please contact the School Nurse.

Please have your child's health care provider complete, sign and stamp this form. This form must be returned to the Health Office as soon as possible but no later than September 1st.

Student's Name:_____DOB:_____

[] Entered in NYSIIS OR:

[] Received Tdap immunization - Date:_____manufacturer:_____

[] Received MCV4-ACYW -Date:_____manufacturer:_____

Physician's Signature:_____.

Physician's Stamp: