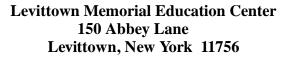


LEVITTOWN PUBLIC SCHOOLS





Ms. Michele Ortiz, **Director**World Language, ENL, Nurse Support
516-434-7056
Central Registration
516-434-7058

CERTIFICATE OF IMMUNIZATION

(To be filled out and signed/stamped by a physician)

Student's Name	Date of Birth			Grade
	Date	Date	Date	Date
DPT/DT * 3-5 Doses required				
Tdap 1 dose at 11 years				
POLIO** 3-4doses required				
MEASLES 2 doses required			MUMPS(2)	
MMR 2 doses required			RUBELLA (1)	
HIB 1-4 doses Pre-K				
HEPATITIS B 3 doses required				
Varicella 2 doses required				
Meningitis***				
Prevnar 1-4 doses – Pre-K				
other (please specify)				

^{*3-5} doses: If 4th dose after age 4 only 4 doses required – 3 doses required for grades 6 through 12. All others, 5 doses.

^{** 3-4} doses: If 3rd dose after age 4 only 3 doses required.

^{***}One dose required by the 7th grade. 2 doses required by 12th grade. 1 dose required if first dose received at age 16 or older.