



**LEVITTOWN PUBLIC SCHOOLS**  
**Levittown Memorial Education Center**  
**150 Abbey Lane**  
**Levittown, New York 11756**



Ms. Michele Ortiz, **Curriculum Associate**  
Office of Assessments, Data, ENL  
516-434-7056  
Central Registration  
516-434-7058

The purpose of this letter is to inform you about a recent change from the New York State department of Health regarding immunization requirements for school entry that will take effect September 1, 2007. If these requirements are not met, your child will be excluded from school.

- Any child entering 6<sup>th</sup> grade or a comparable age-level special education program who is 11 years of age or older must receive an immunization containing tetanus toxoids, diphtheria , and acellular pertussis (Tdap).
- If your child received a TD,DT, or Dtap vaccination within the last two years, the Tdap vaccine should be deferred until a period of two years has elapsed.
- If your child will be 10 years of age entering 6th grade or a comparable age-level special education program in September, he or she will not be required to receive the Tdap vaccine until they turn 11 years of age.
- If your child has received the Boostrix vaccine at the age of 10 then this requirement has been met.

Please have your doctor fill out the form below including signature and stamp and return to your School Nurse's Health Office as soon as possible.

-----  
Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Our records indicate that the above patient (please check one and include administration date)

\_\_\_\_ Had the Tdap vaccine administered on \_\_\_\_\_.

\_\_\_\_ Had the Dt, Td or Dtap vaccine administered on \_\_\_\_\_.

\_\_\_\_ Had the Boostrix vaccine administered on \_\_\_\_\_.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician Stamp

