



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



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LEVITTOWN UNION FREE SCHOOL DISTRICT
 HEALTH SERVICES

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

Student's Name	Birthday			Grade	
	DATE	DATE	DATE	DATE	DATE
DPT/DT * 3-5 doses required					
Tdap 1 dose at 11 years					
POLIO *** 3-4 doses 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** 1-2 doses required				Date of Disease	
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 7 through 12. All others, 5 doses
 **3-4 doses: If 3rd dose after age 4 only 3 doses required.
 ***2 doses: Required of all children entering Kindergarten, 1,2,3,6,7,8. All others one dose
 ****One dose required by the 7th grade. 2 doses required by 12th grade. 1 dose required if received at age 16 or older.

Date _____ Physician's Signature _____ Physician's Stamp _____ rev. 7/16