



**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
<b>DPT/DT *</b> 3-5 doses required					
<b>Tdap</b> 1 dose at 11 years					
<b>POLIO ***</b> 3-4 doses required					
<b>MEASLES</b> <b>2 doses required</b>			<b>MUMPS (2)</b>		
<b>MMR 2 doses required</b>			<b>RUBELLA (1)</b>		
<b>HIB</b> 1-4 doses Pre-K					
<b>Hepatitis B</b> 3 doses required					
<b>Varicella**</b> 1-2 doses required				Date of Disease	
<b>Meningitis****</b>					
<b>Prevnar</b> 1-4 doses Pre-K					
<b>Other (please specify)</b>					

\* 3-5 doses: If 4<sup>th</sup> dose after age 4 only 4 doses required – 3 doses required for grades 7 through 12. All others, 5 doses  
 \*\*3-4 doses: If 3<sup>rd</sup> 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 7<sup>th</sup> grade. 2 doses required by 12<sup>th</sup> grade. 1 dose required if received at age 16 or older.

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Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Physician's Stamp \_\_\_\_\_ rev. 7/16