



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



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	
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***			
Pevnar 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.

Date Physician's Signature Physician's Stamp