



# ARCHBISHOP MOLLOY HIGH SCHOOL

## OFFICE OF THE SCHOOL NURSE

Dear Parent/Guardian,

All incoming students to Archbishop Molloy must have their immunizations completed as required by **law** per the **New York State Health Department**.

- Immunizations – The enclosed immunization form or a copy of your immunizations from your physician must **state the immunization** with the **day, month, and year** the **vaccine** was **administered** and be stamped and signed by physician and **returned on Orientation/Registration day, March 9<sup>th</sup>, 2019**.
- Student Physical – Your child does not have to have a physical at this time. **Physical should be done after June 1<sup>st</sup> – and is required before the first day of school**. Paperwork will be mailed home in May.

### The immunizations required are the following:

- **DPT,** at least 4 doses for all New York City Schools.
- **Tdap** For all students
- **Oral Polio** 3 or more doses. **or**
- **Salk Vaccine** 4 or more doses.
- **Measles** 2 doses of the live vaccine after first birthday.
- **Rubella** 1 dose after the first birthday.
- **Mumps** 1 dose after the first birthday.  
(Immunization received before 1st birthday, no longer acceptable.)
- **Varicella** 1 dose on or after first birthday (or 2 doses separated by the minimum of 28 days for those immunized @ age 13 or older).  
2 doses of Varicella are recommended.
- **Hepatitis B** 3 doses or 2 doses of adult formulation of Merck “Recombivox HB” which must be documented as such and only for ages 11-15yrs
- **Meningococcal** a single dose of vaccine against meningococcal serogroups A,C,W-135 and Y should be administered to all adolescents at age 11 and 12 years (Brand names Menactra or Menveo)  
A second (booster) dose must be administered on or after age 16 years.

If the student has **acquired immunity** by having had the disease (Measles, Rubella, Mumps or Varicella (chicken pox) **documentation from a physician is necessary**. Please make copy for your records.

Thank you for your cooperation,  
*Mrs. Maria Gallagher RN*



# ARCHBISHOP MOLLOY HIGH SCHOOL

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

## IMMUNIZATION *(Give full Dates)*

Measles: \_\_\_\_\_ (History of disease: \_\_\_\_\_) (Presence of antibody: \_\_\_\_\_)

Rubella: \_\_\_\_\_ (History of disease: \_\_\_\_\_)

Mumps: \_\_\_\_\_ (History of disease: \_\_\_\_\_) (Presence of antibody: \_\_\_\_\_)

MMR: \_\_\_\_\_

Polio: (TOPY < OPV) \_\_\_\_\_  
(IPV < eIPV) \_\_\_\_\_

Tetanus  
(DPT; DTap; DT; Td:) \_\_\_\_\_

Tdap: \_\_\_\_\_

Hib: \_\_\_\_\_

Hep B: \_\_\_\_\_

Hep A: \_\_\_\_\_

Varicella: \_\_\_\_\_ (Presence of disease: \_\_\_\_\_)  
\_\_\_\_\_ (Presence of antibody: \_\_\_\_\_)

Meningococcal: \_\_\_\_\_

HPV: \_\_\_\_\_

Influenza: \_\_\_\_\_

Pneumococcal: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

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

Physician's Stamp: \_\_\_\_\_

*This form or a copy of your immunizations from your physician stamped and signed, must be returned on registration day. Physical should be done after June 1<sup>st</sup>.*