

VILLAGE PRESCHOOL
9 Mountain Avenue
Bayville, NY 11709
(516) 628 -8655

All students, new entrants, as well as attendees, must meet the immunization requirements set forth in Section 2164 of the Public Health Law. Written proof of immunization by a certified physician with said physician's STAMP affixed is required.

Arrangements for immunizations may be made with your family doctor or call the Department of Health for locations of free clinics.

Child's Name _____ Date of Birth _____

Diphtheria toxoid: (DPT) Series of 3 or more:

Date: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

Boosters ___/___/___ ___/___/___

Polio: Sabin (TOPV) Series of 3 or more:

Date: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

Boosters ___/___/___ ___/___/___

or

Polio: Salk (IPV) Series of 4:

Date: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Measles: Live vaccine after age 12 months ___/___/___

Mumps: Live vaccine after age 12 months ___/___/___

Rubella: Live vaccine after age 12 months ___/___/___

or

Serological evidence of rubella antibodies ___/___/___ Results _____

Haemophilus Influenza (type B): (HIB) ___/___/___

Physician's Signature _____ Date _____

Physician's STAMP

** This form must be completed, signed and STAMPED by the child's physician and mailed no later than August 1st to the above address .