



Notice of Exclusion From School Due To Incomplete Immunization Record

Child's Name: Date:
Child's OSIS Number: School DBN: Grade or Class:

Dear Parent or Guardian:

As of ___/___/___, your child cannot attend school due to one or more missing vaccines required for school (checked off in the following table). Under Public Health Law Section 2164, your child's principal is prohibited from allowing your child to stay in school unless you provide records your child has received the vaccines or proof of immunity.

Show this letter to your child's health care provider to make sure they receive any missing vaccines. If your child already received the vaccines or has records of immunity, give the records to your school principal. Vaccines given before the minimum age (too early) do not count. Alternative vaccine schedules are not allowed. Call 311 for questions about immunizations or help finding a health care provider.

Table with 3 columns: Vaccines (Missing Vaccines Are Checked), Dose Number Needed, and Health Care Provider Notes*. Rows include DTP, Tdap, Polio, MMR, Hepatitis B, Varicella, MenACWY, Hib, PCV, and Influenza.

*For health care providers: To view school immunization requirements, visit schools.nyc.gov and search for immunizations (see the Information for Providers section).

Principal's Name:
School Phone: