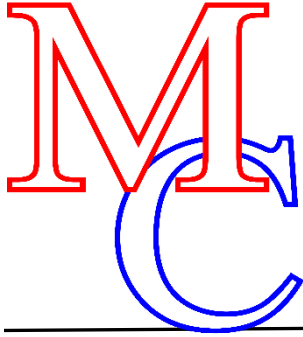


MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT



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Roberta A. Gerold, Ed.D., Superintendent of Schools
Francine McMahon, Deputy Superintendent for Instruction
Beth Rella, Ed.D., Assistant Superintendent for Business
James G. Donovan, Assistant Superintendent for Human Resources
Joseph Mercado, Director Health, Physical Education, Health & Athletics

Dear Parent/Guardian of _____ Date _____

All students entering or attending school in NYS, including distance learning, must be immunized. Your child is missing one or more immunizations (shots) for school entry or attendance.

Please share the attached documents with your child's health care provider (MD, NP, PA) so they can provide the immunizations your child needs. The age at which vaccines (shots) are given must match the [NYSDOH Immunization Requirements for School Entrance/Attendance Chart](#).

Tdap requirements in the 2020-2021 school year are:

- Students entering 6th grade will need a Tdap no earlier than 10 years of age and no later than 11 years of age.
- Students in grades 7- 12 doses (see chart) will need a Tdap no earlier than 7 years of age.

Meningococcal requirements in the 2020-2021 school year are:

- Students entering grade 7 are required to have the first dose of meningococcal conjugate no earlier than 10 years of age.
- New entrants in grades 8-12 are required to have the first dose no earlier than 6 weeks of age.

Schools can accept the following immunization records as proof of immunization:

- An immunization record from your health care provider or health department.
- An official copy of the immunization record sent directly from your child's previous school with the dates given.
- A NYSIIS/NYCIR Immunization Registry record.
- A blood test (titer) lab report that proves immunity to Measles, Mumps, Rubella, Varicella, Hepatitis B.
- A note from your health care provider with the date your child had Chicken Pox (varicella).

Please return your child's immunization record to the School Health Office.

Contact Information

School Nurse: _____ School: _____

Email: _____

Phone #: _____ Fax: _____