SUNY Downstate Health Sciences University
University Hospital of Brooklyn

Date _____ **Name of Student**_____ **DOB:** _____/_____/_____

Name of Parent /Guardian: _____ **Tel #:** _____

Dear Parent/Guardian:

The SBHC at your child's school can provide FREE vaccines to all students, attending the school. According to the records, your child requires the following immunizations (indicated by an (**X**), in order to be in compliance with New York City Department of Education requirements for school attendance.

- Please sign in the appropriate column to indicate if you want or don't want the School Health Center to give the vaccines to your child.
- Your signature in the YES column indicates that you have read the Attached Vaccine Information Statement (VIS) and that you agree for your child to receive the specific vaccination(s) as indicated below:

Mandatory Vaccines for School Attendance			
Name of the Needed Vaccine	**Parents/ Guardians Please Sign in the appropriate column**		
	My child is Already Vaccinated	**YES Give the Vaccine**	**NO Don't Give the Vaccine**
☐ DTaP (Diphtheria, Tetanus, Pertussis) 1 2 3 4			
☐ TdaP (Diphtheria, Tetanus, Pertussis) 1 2 3			
☐ TdaP Booster			
☐ IPV (Polio) 1 2 3 4			
☐ Hepatitis B 1 2 3			
☐ MMR (Measles, Mumps, Rubella) 1 2			
☐ MenACWY (Meningitis)			
☐ MenACWY Booster			
☐ Varicella (Chicken Pox) 1 2			
☐ Hib (Haemophilus influenzae type B) *(Mandated for Pre-K Only)* 1 2 3 4			
☐ PCV (Pneumococcal) 1 2 3 4 *(Mandated for Pre-K Only)*			
Recommended / Encouraged Vaccines As recommended by the American Committee on Immunization Practices (ACIP)			
Recommended /Encouraged Vaccines	**Parents/ Guardian Please Sign in the appropriate column**		
	My Child is Already Vaccinated	**YES Give Vaccine**	**NO Don't Give Vaccine**
☐ Hepatitis A 1 2			
☐ HPV (Human Papilloma Virus) 1 2 3			
☐ Seasonal Influenza Injection (FLU SHOT) *(Mandated for Pre-K)*			

If you have any questions or concerns, please call the SUNY Downstate Health Sciences University SBHC medical provider at this telephone # _____ between 8:30 AM to 3:30 PM

As per NYS DOH regulations, parental signature is not required for some minors for HPV immunization.