

## COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT

The child's birth certificate or passport and a copy of the current physical examination must be presented at time of registration.

### NEW YORK STATE HEALTH CERTIFICATE

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Confirmation of **IMMUNIZATION HISTORY**: In compliance with New York State Law, this form must be completed by the Physician for all students at the time of entrance. Month/Day/Year is required.

Polio Vaccine (IPV/OPV)	_____	_____	_____	_____	_____
	Date	Date	Date	Date	Date
Diphtheria & Tetanus toxoid-containing vaccine & Pertussis vaccine (DTaP/DTP/Tdap)	_____	_____	_____	_____	_____
	Date	Date	Date	Date	Date
Tetanus & Diphtheria toxoid-containing vaccine and Pertussis vaccine <b>BOOSTER</b> (Tdap)	_____				
	Date				
Measels, Mumps & Rubella vaccine (MMR)	_____	_____			
	Date	Date			
Hepatitis B vaccine	_____	_____	_____	_____	
	Date	Date	Date	Date	
Varicella (Chickenpox) vaccine	_____	_____			
	Date	Date			
Meningococcal	_____	_____			
	Date	Date			

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

\_\_\_\_\_  
Date