

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 BOOSTER (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