

## Immunization Requirements for 2020 - 2021 School Year

Dear Parent/Guardian,

To prevent Communicable Disease and due to New York State requirements, all students attending OCM BOCES must be immunized according to the following schedule (**consult your family physician for complete details**):

Acceptable proof of immunization should be provided in a form of a certificate from a physician, or clinic, specifying types and dates of immunization or disease; or blood test results that show proof of immunity.

Exceptions from required immunizations are limited to specific religious exemptions and medical conditions as certified by your family physician.

If you do not have insurance, an Immunization Clinic is available through the County Health Departments. You may be asked to provide your child's immunization record at the clinic before your child can receive any vaccinations. A parent or legal guardian must accompany the child. Call your local County Health Department for more information about the clinics: Onondaga County: **315-435-2000**, Cortland County: **607-753-5203** and Madison County: **315-366-2361**.

Vaccination	Kindergarten & Gr. 1, 2, 3, 4 & 5	Grades 6, 7, 8, 9, 10 & 11	Grade 12
Diphtheria and Tetanus vaccine, and Pertussis vaccine (DTaP/DTP/Tdap/Td)	4 to 5 doses	3 doses	3 doses
Tetanus and Diphtheria vaccine, and Pertussis vaccine booster (Tdap) (Required only for students enrolling in grades 6-12 who have not previously received a Tdap at 7 years of age or older.)	Not applicable	1 dose	1 dose
Polio vaccine (IPV/OPV)	3 to 4 doses	3 to 4 doses	3 doses
Measles, Mumps and Rubella vaccine (MMR)	2 doses	2 doses	2 doses
Hepatitis B vaccine	3 doses	2 or 3 doses	2 or 3 doses
Varicella (Chickenpox) vaccine	2 doses	2 doses	1 dose
Meningococcal Vaccine (MenACWY)	Not applicable	1 dose Gr. 7, 8, 9 & 10	1 or 2 doses

Thank you for your attention to these immunization requirements.

If you have questions or concerns about immunizations, please contact:

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_