

**SCHODACK CENTRAL SCHOOL DISTRICT**

1477 South Schodack Road  
Castleton-on-Hudson, New York 12033  
Fax 518-732-7710

JASON M. CHEVRIER  
Superintendent  
518-732-2297

CHRISTIAN OLSEN  
President  
Board of Education

**New York State Immunization Requirements for School Entrance**  
**(Proof of Immunization Is Required)**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

Vaccine	Date Administered
DT-DTP-DTaP 1	
DT-DTP-DTaP 2	
DT-DTP-DTaP 3	
DT-DTP-DTaP 4	
DT-DTP-DTaP 5	
Tdap	
Td 1	
Td 2	
Hib 1	
Hib 2	
Hib 3	
Hib 4	
OPV IPV 1	
OPV IPV 2	
OPV IPV 3	
OPV IPV 4	
MMR1	
MMR2	
Hep B 1	
Hep B 2	
Hep B 3	
Hep A	
Varicella 1	
Varicella 2	
Hip-Hep B 1	
Hip-Hep B 2	
Hip-Hep B 3	
Gardasil	
Meningococcal	
MMR-V	

\_\_\_\_\_  
Signature of Provider