



**TONAWANDA CITY SCHOOL DISTRICT (TCSD)**  
**100 HINDS STREET**  
**TONAWANDA, NEW YORK 14150**  
**NURSING DEPARTMENT**

**Immunization Requirement for Students Entering 6<sup>th</sup> Grade in 2015**

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter 6<sup>th</sup> grade and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

**Required Immunizations for 6<sup>th</sup> Grade**

Immunization	Number of Doses
DTaP: <ul style="list-style-type: none"> <li>• Boostrix  (licensed for use with 10-64 year olds)</li> <li>• Adacel  <i>New</i> (licensed for use with 10-64 year olds)</li> </ul>	<b>Age 10:</b> Not required to receive the DTaP <b>until they turn 11 years old</b> . At that time they must provide documentation of a booster dose of DTaP or provide proof of an appointment for the booster dose within 14 days  <b>Age 11:</b> Must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (TDaP).
Polio	<b>4*</b>
Varicella (Chickenpox)	<b>2</b>

**\*If 3<sup>rd</sup> dose received at 4 years of age or older, only 3 doses required\***

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

**School:** Tonawanda Middle/High School

**School Nurse:** Gary Bisone RN, Gail Walter RN

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*To be completed by Dr's office or provided appointment date*



Student Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**DTaP IMMUNIZATION DATE:** \_\_\_\_\_

**Varicella IMMUNIZATION DATE(S):** 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Polio IMMUNIZATION(S):** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

Primary Care Physician Name (print): \_\_\_\_\_

Primary Care Physician *Signature (required)*: \_\_\_\_\_

• Appointment Date: \_\_\_\_\_

**\*\*\*\*Proof of immunization MUST be provided to the Health Office within 14 days of starting school\*\*\*\***