**School District Letterhead
Sample: Exclusion Notification for Missing Immunizations (Shots)**

Dear Parent/Guardian of: (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

All children must receive the immunizations (shots) required by the New York State Public Health Law Section 2164 to attend school.

You are receiving this letter because your student is missing the required immunization(s), or the doses were not given at the right time in accordance with the [ACIP- Recommended Child and Adolescent Immunization Schedule](https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf). **You must provide proof of immunization.**

**Your student will not be allowed to attend school beginning \_\_\_/\_\_\_/\_\_\_ unless valid proof is provided showing that your student has received the required immunizations.**

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| **The following immunizations are needed:** |
| **Immunization Name** | **# of Doses Needed** |
| Diphtheria/Tetanus/Pertussis (DTaP or Tdap) |  |
| Polio |  |
| Measles/Mumps/Rubella (MMR) |  |
| Hepatitis B |  |
| Varicella (Chickenpox) |  |
| Meningococcal Conjugate (MenACWY) |  |
| Hemophilus Influenzae (HIB) |  |
| Pneumococcal Conjugate (PCV) |  |
| Tdap Booster |  |
| Notes: |
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| **Acceptable Proof of Immunization:** |
| **NYS Immunization Records** |
| An immunization certificate signed or stamped by your health care provider or health department. |
| An electronic health office record from your healthcare provider. |
| A record issued by NYSIIS or NYCIR. |
| **Out-of-State/Country Immunization Records** |
| An official immunization registry from another state or an official record from a foreign country. |
| Unofficial records (from a private healthcare provider) must be reviewed and signed by a health practitioner licensed in NYS. |
| **Blood tests/titers** |
| A blood test (titer) lab report showing a positive result for immunity to measles, mumps, rubella, varicella (chickenpox), or hepatitis B, signed by the healthcare provider. |
| A signed medical note verifying history of varicella ( chicken pox) diagnosed by a physician, nurse practitioner, or physician assistant. |

The required immunizations can be obtainedfrom your health care provider or from the local county health department. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent/guardian, you have the right to file a 310 appeal to the Commissioner of Education within 30 days of receiving this notice. Information can be found at

[www.counsel.nysed.gov/appeals.](http://www.counsel.nysed.gov/appeals.%20)

Sincerely,

School Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_