

ROSLYN PUBLIC SCHOOLS

May, 2008

Dear Parent/Guardian,

The New York State Department of Education has informed us of an upcoming change in immunization requirements for students born on or after January 1, 1994 and who will be entering sixth grade in September 2008.

In August 2006, the New York State Legislature amended the public health law requiring children to receive boosters for diphtheria, tetanus, and acellular pertussis vaccine (Tdap).

The following guidelines apply:

1. Students entering 6th grade on or after September 1, 2008 and who are 11 years of age or older must receive the vaccination containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).
2. If a student received a Td, DT, or DTaP vaccination within the last 2 years, the student's Tdap vaccination should be deferred until a period of two years has elapsed. These children will be considered "in process" for receiving the immunization and will not be excluded from school during that period.
3. Students who are ten years old when they enter 6th grade will not be required to receive a Tdap vaccine until they turn 11 years of age.

Please arrange with your private physician to have your child obtain a Tdap (licensed in 2005) and return the enclosed form to your school.

If you would like more information, please feel free to speak to your school nurse or visit the Center for Disease Control and Prevention website at www.cdc.gov/nip.

We are requesting that you comply with the New York State Department of Education mandate that all children be properly vaccinated. Failure to comply could ultimately affect your child's ability to attend Roslyn Middle School.

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Dear Parents:

Please have your physician document your child's compliance with the Tdap mandate and return this form to the middle school nurse no later than September 1, 2008.

Student's Name: _____

Student's Address: _____ DOB _____

Date administered Boostrix vaccine _____

Date administered Adacel vaccine _____

Deferred due to recent Td, DT, DTap vaccine within the last 2 years

Date: _____

Doctor's Name: _____

Doctor's Signature: _____ Date: _____

Please return to:

Ms. Pat Collins
Roslyn Middle School
Powerhouse Road and Locust Lane
Roslyn Heights, New York 11577