

NY STATE DEPT. OF HEALTH SCHOOL REQUIREMENT

EFFECTIVE: January 1, 2005

VACCINE: Varicella (Chickenpox)

WHO: All Enrolled Sixth Graders

WHERE: In All Public and Private Schools

NOTIFY: Mrs. Calev, RN @ TJL
754-5400 x 405

Ms. Fallenberg, RN @ OMS
754-5310 X 347

With Medical Proof of Vaccine or
Disease

NY STATE DEPT. OF HEALTH SCHOOL REQUIREMENT

EFFECTIVE: September 1, 2000

VACCINE: Two or Three Doses of
Hepatitis B Vaccine

WHO: All Enrolled Seventh Graders

WHERE: In All Public and Private Schools

NOTIFY: Ms. Fallenberg, RN @ OMS
754-5310 X 347

With Medical Proof of Vaccine