

## Kenmore-Tonawanda Union Free School District

Date:

Subject: TdaP Requirement

Dear Parent:

The New York State Public Health Law was amended in 2007 requiring students who will be enrolled in the 6<sup>th</sup> grade to receive a booster immunization for tetanus, diphtheria and acellular pertussis (TdaP). This is in addition to any booster immunizations that they may have received prior to kindergarten entrance.

**Those required to be immunized are defined as follows:**

Students born on or after January 1, 1994: this applies to:

- 6<sup>th</sup> grade students
- Special education students in non-graded classes
- Students repeating 6<sup>th</sup> grade

Exemptions:

- A health care provider documented exemption stating that there are medical reasons that your child should not receive the TdaP vaccine.
- A statement of religious exemption written by the parent, parents, or guardian of the child stating that they hold sincere and genuine religious beliefs which prohibit immunization of the child. (Please see your school nurse for the appropriate form.)

Thank you,

School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

Return this form to the School Nurse's Office upon completion by your health care provider or after obtaining the vaccination.

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

Tdap Vaccine date: \_\_\_\_\_

Health Care Provider signature: \_\_\_\_\_

**OR**

Medical exemption: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Exemption Letter attached: \_\_\_\_\_