



THE NEWMAN SCHOOL

Dear Parent/Guardian/Agency:

IN ACCORDANCE WITH MASSACHUSETTS STATE LAW, ALL STUDENTS MUST PRESENT THE FOLLOWING IMMUNIZATIONS PRIOR TO ADMITTANCE TO THE CLASSROOM:

Student's Family Name: _____

Student's First Name: _____

DPT: Diphtheria, Pertussis, Tetanus: 4 doses of DTaP/DTP or greater than or equal to 3 doses of Td; plus one dose of Tdap.

Hepatitis B: 3 doses

Polio: 4 doses

MMR: (Measles, Mumps, Rubella) 2 doses of measles, one mumps and one rubella

Varicella(Chicken Pox) Physician documented proof of the disease or one dose of the vaccine if less than 13 years of age or 2 doses of the vaccine if greater than or 13 years of age.

Tuberculosis Test. If positive mantoux test, Must present Clear Chest X-ray report.

Physical Exam within the last year.

Again, NO STUDENT WILL BE ADMITTED INTO THE CLASSROOM WITHOUT OFFICIAL MEDICAL PROOF OF THE ABOVE IMMUNIZATIONS AND PHYSICAL EXAM. PLEASE ALLOW AMPLE TIME FOR YOURSELF TO GATHER THE MEDICAL RECORDS AND /OR RECEIVE THE SHOTS NEEDED.

We are committed to insuring that your student be educated in a safe, healthy environment. We appreciate your immediate attention to this matter.

Sincerely,

Donna Maloney
The Newman School
Health Office