St. Kevin Catholic Academy
45-50 195th Street
Flushing, NY 11365

St. Kevin
Catholic Academy

Telephone: (718) 357-8110
Fax: (718) 357-2519

Child's Name: _____ **Date:** _____ **Grade:** _____

VACCINATION ALERT

Tdap (tetanus-diphtheria-acellular pertussis) is now a requirement of all 11 year old 6th graders in New York City.

This is a different vaccination from the one your child received in infancy. **You will need to send in proof of the Tdap vaccination in order for your child to remain in school.**

Please consult your physician regarding the Tdap and return proof of the vaccination below. A copy of the immunization card, or a stamp signed note from your physician is also acceptable.

Tdap Date: _____

Previous Tetanus Date _____ (to be completed only if last tetanus vaccination was less than two years ago. Student will have 2 years from that date to receive Tdap.)

_____
MD Signature

STAMP

If you are without Health Insurance, please call 311 for assistance in obtaining insurance.