

Holy Family Catholic Academy
74-15 175th Street
Fresh Meadows, NY 11366



Telephone: (718) 969-2124

Fax: (718) 380-2183

Email: office@holyfamilyca-freshmeadows.org

Date _____

To the parent of _____ Class _____

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 stamped, 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.)

Stamp:

MD Signature

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