REQUEST FOR REVIEW OF SEROLOGY OR DOCUMENTATION OF VARICELLA DISEASE TO SATISFY IMMUNIZATION REQUIREMENTS

Student's Name	Date of Birth __ __ / __ __ / __ __ __ __
OSIS #	ATS DBN

INSTRUCTIONS FOR THE REQUESTING MEDICAL PROVIDER

New York State Public Health Law §2164 allows for laboratory documentation of immunity to satisfy the immunization requirements for school/childcare attendance for measles, mumps, rubella, varicella, and hepatitis B. Serologic evidence of immunity to polio is acceptable only if results are positive for all three serotypes (1,2,3) and testing was done prior to September 1, 2019. **Serologic results are not acceptable proof of immunity to diphtheria, tetanus, pertussis, meningococcus, pneumococcus, or *Haemophilus influenzae* type b.** Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella (chicken pox) disease is acceptable proof of immunity to varicella. Parent history of varicella disease is not acceptable.

As the child's medical provider, I certify that this child has (select all that apply):

Lab evidence of immunity*: ☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Hepatitis B ☐ Polio (MUST BE all 3 serotypes)

Varicella disease history*: ☐ Varicella disease (must be provider-documented)

* You must include one of the following documents for laboratory evidence of immunity or varicella documentation:

- A copy of the laboratory result including student name, DOB, test results and either reference range or qualitative result (e.g., positive, immune); you must sign the document.
  - Equivocal results are not accepted as proof of immunity.
  - Notes indicating immunity without laboratory test results are not accepted as proof of immunity.
  - Immunity to polio serotypes 1,3 only (only types available for testing) does not meet the requirement for polio vaccine.
- For varicella disease: documentation or basis for confirming varicella disease.
  - Original note confirming varicella disease when available.
  - Citywide Immunization Registry history page indicating that the child had varicella disease: must be provider-documented; documentation or basis for diagnosis may be requested.
  - Parent history alone is not acceptable documentation for varicella disease.

I am the student's treating health care practitioner:

Provider Name:	**NYS License #** __ __ __ __ __ __
Provider Signature:	**Degree:** ☐ MD ☐ DO ☐ NP ☐ PA
Office Phone (__ __ __) __ __ __ - __ __ __ __ Ext __ __ __ __ **Cell Phone** (__ __ __) __ __ __ - __ __ __ __	**Stamp**
Date __ __ / __ __ / __ __ __ __	

PARENT/GUARDIAN CONSENT FOR RELEASE OF INFORMATION

I, authorize _____ (**health professional**) to provide the New York City Departments of Health and Education with information contained in my child's medical record, including, but not limited to laboratory or other records supporting this request.

Parent/Guardian Name: _____

Parent/Guardian's signature _____ Date: _ _ /_ _ /_ _ _ _

NYC DOHMH USE ONLY

Confirmed immunity ☐ MEASLES	☐ MUMPS	☐ RUBELLA	☐ VARICELLA	☐ HEP B	☐ VARICELLA DISEASE	☐ POLIO

Reviewed by _____ Date __ __ / __ __ / __ __ __ __