

2023-24 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:
All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the “[ACIP-Recommended Child and Adolescent Immunization Schedule](#).” Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³	Not applicable		1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.

c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years)

a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.

b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.

c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.

c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.

d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)

a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine

a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” in these calculations).

b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)

a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 10: 10 years; minimum age for grades 11 and 12: 6 weeks).

a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.

b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.

c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.

c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.

d. If dose 1 was received at 15 months or older, only 1 dose is required.

e. Hib vaccine is not required for children 5 years or older.

f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.

c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.

d. If one dose of vaccine was received at 24 months or older, no further doses are required.

e. PCV is not required for children 5 years or older.

f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

For further information, contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

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New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization

05/23

Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

Anaplasmosis	Cryptosporidiosis	Pregnant hepatitis B carrier	Monkeypox	Staphylococcal enterotoxin B poisoning²
Amebiasis	Cyclosporiasis	Herpes infection, infants aged 60 days or younger	Mumps	Streptococcal infection (invasive disease) ⁵
Animal bites for which rabies prophylaxis is given¹	Diphtheria	Hospital associated infections (as defined in section 2.2 10NYCRR)	Plague²	Group A beta-hemolytic strep
Anthrax²	Encephalitis	Influenza, laboratory-confirmed	Poliomyelitis	Group B strep
Arboviral infection³	Foodborne Illness	Legionellosis	Psittacosis	Streptococcus pneumoniae
Babesiosis	Giardiasis	Listeriosis	Q Fever²	Syphilis, specify stage⁷
Botulism²	Glanders²	Lyme disease	Rabies¹	Tetanus
Brucellosis²	Gonococcal infection	Lymphogranuloma venereum	Rocky Mountain spotted fever	Toxic shock syndrome
Campylobacteriosis	Haemophilus influenzae ⁵ (invasive disease)	Malaria	Rubella (including congenital rubella syndrome)	Transmissible spongiform encephalopathies ⁸ (TSE)
Chancroid	Hantavirus disease	Measles	Salmonellosis	Trichinosis
Chlamydia trachomatis infection	Hemolytic uremic syndrome	Melioidosis²	Shigatoxin-producing E.coli ⁴ (STEC)	Tuberculosis current disease (specify site)
Cholera	Hepatitis A	Meningitis	Shigellosis ⁴	Tularemia²
Coronavirus (severe or novel) 2019 Novel Coronavirus (COVID-19)	Hepatitis A in a food handler	Aseptic or viral	Smallpox²	Typhoid
Severe Acute Respiratory Syndrome (SARS)	Hepatitis B (specify acute or chronic)	Haemophilus	Staphylococcus aureus ⁶ (due to strains showing reduced susceptibility or resistance to vancomycin)	Vaccinia disease⁹
Middle East Respiratory Syndrome (MERS)	Hepatitis C (specify acute or chronic)	Meningococcal Other (specify type)		Vibriosis ⁶
		Meningococcemia		Viral hemorrhagic fever²
				Yersiniosis

WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person _____

Name _____

Address _____

Phone _____ Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- Phone diseases in bold type,
- Mail case report, DOH-389, for all other diseases.
- In New York City use form PD-16.

SPECIAL NOTES

- Diseases listed in **bold type** warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable on form DOH-4189 which may be obtained by contacting:**

Division of Epidemiology, Evaluation and Research
P.O. Box 2073, ESP Station
Albany, NY 12220-2073
(518) 474-4284

In NYC: New York City Department of Health and Mental Hygiene
For HIV/AIDS reporting, call:
(212) 442-3388

1. Local health department must be notified prior to initiating rabies prophylaxis.
2. Diseases that are possible indicators of bioterrorism.
3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
5. Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6. Proposed addition to list.
7. Any non-treponemal test $\geq 1:16$ or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
8. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours.

In New York City, 1 (866) NYC-DOH1.

To obtain reporting forms (DOH-389), call (518) 474-0548.

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New York State Center for School Health
Supporting Student Success Through Health and Education



NYS and NYC Screening & Health Exam Requirements														
	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview														
	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

Año escolar 2023-2024

Requisitos de vacunación del estado de Nueva York para inscribirse/asistir a la escuela¹

NOTAS:
Todos los niños deben estar vacunados según su edad para asistir a la escuela en el estado de Nueva York. La cantidad de dosis depende del programa recomendado por el Comité Asesor sobre Prácticas de Vacunación (Advisory Committee on Immunization Practices, ACIP). Los intervalos entre las dosis de vacunas deben corresponder al [Calendario de Vacunación de Niños y Adolescentes Recomendado por el ACIP](#). Las dosis aplicadas antes de la edad mínima o de los intervalos mínimos no son válidas y no se tienen en cuenta al calcular la cantidad de dosis que se mencionan abajo. Consulte las notas al pie de página para obtener información específica sobre cada vacuna. Los niños que se inscriben en clases sin grado deben cumplir los requisitos de vacunación de los grados para los que son equivalentes en edad.

Se **DEBEN** leer los requisitos de dosis con las notas al pie de página de este programa

Vacunas	Prekindergarten (guardería infantil, programa Head Start, guardería o pre-K)	Kindergarten y 1.º, 2.º, 3.º, 4.º y 5.º grado	6.º, 7.º, 8.º, 9.º, 10.º y 11.º grado	12.º grado
Vacuna con toxoide diftérico y tetánico y vacuna contra la tos ferina (DTaP/DTP/Tdap/Td)²	4 dosis	5 dosis o 4 dosis si la cuarta dosis se aplicó a los 4 años de edad o más, o 3 dosis si tiene 7 años o más y la serie se inició a partir del año	3 dosis	
Refuerzo de la vacuna con toxoide diftérico y tetánico y la vacuna contra la tos ferina (Tdap) para adolescentes³	No corresponde		1 dosis	
Vacuna antipoliomielítica (IPV/OPV)⁴	3 dosis	4 dosis o 3 dosis si la tercera dosis se aplicó a los 4 años de edad o más		
Vacuna contra sarampión, paperas y rubéola (MMR)⁵	1 dosis	2 dosis		
Vacuna contra la hepatitis B⁶	3 dosis	3 dosis o 2 dosis de la vacuna contra la hepatitis B para adultos (Recombivax) para niños que recibieron las dosis en intervalos de al menos 4 meses entre los 11 y los 15 años de edad		
Vacuna contra la varicela⁷	1 dosis	2 dosis		
Vacuna antimeningocócica conjugada (MenACWY)⁸	No corresponde		7.º, 8.º, 9.º, 10.º y 11.º grado: 1 dosis	2 dosis o 1 dosis si la dosis se aplicó a los 16 años de edad o más
Vacuna conjugada contra Haemophilus influenzae tipo B (Hib)⁹	1 a 4 dosis	No corresponde		
Vacuna neumocócica conjugada (PCV)¹⁰	1 a 4 dosis	No corresponde		

- Una constancia serológica demostrada de anticuerpos contra el sarampión, las paperas o la rubéola o una confirmación de laboratorio de dichas enfermedades son pruebas aceptables de la inmunidad ante estas. Las pruebas serológicas para la poliomielitis son una prueba aceptable de la inmunidad solo si la prueba se hizo antes del 1 de septiembre de 2019 y los tres serotipos dieron positivo. Un análisis de sangre con resultado positivo para el anticuerpo de superficie contra la hepatitis B es una prueba aceptable de la inmunidad ante la hepatitis B. Una constancia serológica demostrada de anticuerpos contra la varicela, una confirmación de laboratorio de varicela o el diagnóstico de un médico, un asistente médico o un enfermero de práctica avanzada de que un niño tuvo varicela son pruebas aceptables de la inmunidad ante la varicela.
- Vacuna con toxoide diftérico y tetánico y tos ferina acelular (DTaP). (Edad mínima: 6 semanas)
 - Los niños que comienzan la serie a tiempo deben recibir una serie de 5 dosis de la vacuna DTaP a los 2 meses, 4 meses, 6 meses y entre los 15 y 18 meses de edad, y a los 4 años de edad o más. La cuarta dosis puede aplicarse a partir de los 12 meses de edad, siempre que hayan transcurrido por lo menos 6 meses desde la tercera dosis. Sin embargo, no es necesario que se repita la cuarta dosis de DTaP si se aplicó al menos 4 meses después de la tercera dosis de DTaP. La última dosis de la serie debe aplicarse a partir del cuarto año de edad y al menos 6 meses después de la dosis anterior.
 - Si la cuarta dosis de DTaP se aplicó a los 4 años de edad o más, y al menos 6 meses después de la tercera dosis, no se requiere la quinta dosis (de refuerzo) de la vacuna DTaP.
 - Los niños mayores de 7 años que no estén completamente vacunados con la serie de vacunas DTaP para niños deben recibir la vacuna Tdap como primera dosis de la serie de actualización; si se necesitan dosis adicionales, use la vacuna Td o Tdap. Si les aplicaron la primera dosis antes de su primer año de edad, deben aplicarse 4 dosis, siempre que la dosis final se aplique a los 4 años de edad o más. Si les aplicaron la primera dosis a partir de su primer año de edad, deben aplicarse 3 dosis, siempre que la dosis final se aplique a los 4 años o más.
- Refuerzo de la vacuna con toxoides tetánico y diftérico y de la vacuna contra la tos ferina acelular (Tdap) para adolescentes. (Edad mínima para 6.º a 9.º grado: 10 años; edad mínima para 10.º a 12.º grado: 7 años).
 - Los estudiantes mayores de 11 años que ingresan a los grados de 6.º a 12.º deben recibir una dosis de Tdap.
 - Además del requisito para 6.º a 12.º grado, la vacuna Tdap también se puede aplicar como parte de la serie de vacunas de actualización para estudiantes mayores de 7 años que no estén totalmente vacunados con la serie de vacunas DTaP para niños, como se describió arriba. En el año escolar 2023-2024, solo las dosis de Tdap aplicadas a los 10 años o más cumplirán el requisito de Tdap para los estudiantes en los grados 6.º a 9.º; sin embargo, las dosis de Tdap aplicadas a los 7 años o más cumplirán el requisito para los estudiantes en los grados 10.º a 12.º.
 - Los estudiantes que tienen 10 años de edad en 6.º grado y que aún no recibieron la vacuna Tdap cumplen los requisitos hasta que tengan 11 años.
- Vacuna antipoliomielítica inactivada (IPV) o vacuna antipoliomielítica oral (OPV). (Edad mínima: 6 semanas)
 - Los niños que comienzan la serie a tiempo deben recibir una serie de IPV a los 2 meses, 4 meses y entre los 6 y 18 meses de edad, y a los 4 años de edad o más. La última dosis de la serie debe aplicarse a partir del cuarto año de edad y al menos 6 meses después de la dosis anterior.
 - Para los estudiantes que recibieron la cuarta dosis antes de su cuarto año de edad y antes del 7 de agosto de 2010, es suficiente aplicar 4 dosis con al menos 4 semanas de diferencia.
 - Si la tercera dosis de la vacuna antipoliomielítica se aplicó a los 4 años de edad o más y por lo menos 6 meses después de la dosis anterior, no se requerirá la cuarta dosis.
 - Para los niños con antecedentes de OPV, solo la OPV trivalente (tOPV) se tiene en cuenta para los requisitos de la vacuna antipoliomielítica en las escuelas del Estado de Nueva York. Las dosis de OPV aplicadas antes del 1 de abril de 2016 deben incluirse a menos que se indiquen específicamente como monovalentes, bivalentes o como aplicadas durante una campaña de vacunación contra el virus de la poliomielitis. Las dosis de OPV aplicadas a partir del 1 de abril de 2016 no deben incluirse.
- Vacuna contra sarampión, paperas y rubéola (MMR). (Edad mínima: 12 meses)
 - La primera dosis de la vacuna MMR debe haberse aplicado a partir del primer año de edad. Para considerarse válida, la segunda dosis debe haberse aplicado al menos 28 días (4 semanas) después de la primera dosis.
- Sarampión: Se necesita una dosis para prekindergarten. Se necesitan dos dosis para los grados de kindergarten hasta 12.º.
- Paperas: Se necesita una dosis para prekindergarten. Se necesitan dos dosis para los grados de kindergarten hasta 12.º.
- Rubéola: Se necesita por lo menos una dosis para todos los grados (prekindergarten hasta 12.º grado).
- Vacuna contra la hepatitis B
 - La primera dosis puede aplicarse al nacer o en cualquier momento después. La segunda dosis debe aplicarse al menos 4 semanas (28 días) después de la primera dosis. La tercera dosis debe aplicarse al menos 8 semanas después de la segunda dosis Y al menos 16 semanas después de la primera dosis, PERO no antes de las 24 semanas (cuando se apliquen 4 dosis, reemplazar “cuarta dosis” por “tercera dosis” en estos cálculos).
 - Dos dosis de la vacuna contra la hepatitis B para adultos (Recombivax) aplicadas con al menos 4 semanas de diferencia entre los 11 y 15 años cumplirán el requisito.
- Vacuna contra la varicela. (Edad mínima: 12 meses)
 - La primera dosis de la vacuna contra la varicela debe haberse aplicado a partir del primer año. Para considerarse válida, la segunda dosis debe haberse aplicado al menos 28 días (4 semanas) después de la primera dosis.
 - Para los niños menores de 13 años, el intervalo mínimo recomendado entre dosis es de 3 meses (si la segunda dosis se aplicó por lo menos 4 semanas después de la primera dosis, se puede aceptar como válida); para los mayores de 13 años, el intervalo mínimo es de 4 semanas.
- Vacuna antimeningocócica conjugada ACWY (MenACWY). (Edad mínima para 7.º a 10.º grado: 10 años; edad mínima para 11.º y 12.º grado: 6 semanas).
 - Se requiere una dosis de la vacuna antimeningocócica conjugada (Menactra, Menveo o MenQuadfi) para los estudiantes que ingresan a los grados 7.º, 8.º, 9.º, 10.º y 11.º.
 - Para los estudiantes del 12.º grado, si la primera dosis de la vacuna antimeningocócica conjugada se aplicó a los 16 años o más, no se requiere la segunda dosis (de refuerzo).
 - La segunda dosis debe haberse aplicado a los 16 años o más. El intervalo mínimo entre dosis es de 8 semanas.
- Vacuna conjugada contra Haemophilus influenzae tipo b (Hib). (Edad mínima: 6 semanas)
 - Los niños que comienzan la serie a tiempo deben recibir la vacuna Hib a los 2 meses, 4 meses, 6 meses y entre los 12 y 15 meses de edad. Los niños mayores de 15 meses deben ponerse al día según el programa de actualización del ACIP. La dosis final debe aplicarse a partir de los 12 meses.
 - Si se aplicaron 2 dosis de vacuna antes de los 12 meses de edad, solo se requieren 3 dosis si la tercera dosis se aplica entre los 12 y 15 meses de edad y al menos 8 semanas después de la segunda dosis.
 - Si la primera dosis se recibió entre los 12 y 14 meses de edad, solo se requieren 2 dosis si la segunda dosis se aplicó al menos 8 semanas después de la primera dosis.
 - Si se aplicó la primera dosis a los 15 meses de edad o más, solo se requiere 1 dosis.
 - No se requiere la vacuna Hib para niños mayores de 5 años.
 - [Para más información, consulte la Guía de actualización para niños sanos de 4 meses a 4 años de los CDC.](#)
- Vacuna neumocócica conjugada (PCV). (Edad mínima: 6 semanas)
 - Los niños que comienzan la serie a tiempo deben recibir la vacuna PCV a los 2 meses, 4 meses, 6 meses y entre los 12 y 15 meses de edad. Los niños mayores de 15 meses deben ponerse al día según el programa de actualización del ACIP. La dosis final debe aplicarse a partir de los 12 meses.
 - Los niños no vacunados de 7 a 11 meses de edad deben recibir 2 dosis, con al menos 4 semanas de diferencia, seguidas de una tercera dosis entre los 12 y los 15 meses de edad.
 - Los niños no vacunados de 12 a 23 meses de edad deben recibir 2 dosis de la vacuna con al menos 8 semanas de diferencia.
 - Si se recibió una dosis de la vacuna a los 24 meses de edad o más, no se requieren dosis adicionales.
 - La PCV no es obligatoria para los niños mayores de 5 años.
 - [Para más información, consulte la Guía de actualización para niños sanos de 4 meses a 4 años de los CDC.](#)

Para obtener más información, comuníquese con:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**



Cheryl Lawrence, MD, FAAP
Medical Director

June 2023

Office of School Health
30-30 47th Avenue,
Long Island City, NY
11101

Dear Parent or Guardian,

New York City has updated the school immunization requirements for the 2023-2024 school year. A list of the vaccine requirements for 2023-2024 is included with this letter. Vaccines protect children from getting and spreading diseases; they are required to attend school.

Before the school year begins, you must submit proof of immunization or blood test results that show immunity (see below) for your child if they are attending childcare or school. **All students in childcare through grade 12** must meet the requirements for:

- The DTaP (diphtheria-tetanus-pertussis), poliovirus, MMR (measles-mumps-rubella), varicella and hepatitis B vaccines.

Children under age 5 who are enrolled in childcare and pre-kindergarten (pre-K) must also meet the requirements for:

- The Hib (*Haemophilus influenza* type b) and PCV (pneumococcal conjugate) vaccines.
- The influenza (flu) vaccine: children must receive the flu vaccine by December 31, 2023 (preferably, when it becomes available in early fall).

Children in grades 6 through 12 must also meet the requirements for:

- The Tdap (tetanus-diphtheria-pertussis) booster and MenACWY (meningococcal conjugate) vaccines.

Blood tests that show immunity to measles, mumps, rubella, varicella, or hepatitis B also meet the requirements (polio labs only if done before September 2019).

Please take the time this summer to review your child's immunization history with your child's healthcare provider. Their provider can tell you whether additional doses of one or more vaccines are required for your child to attend childcare or school this year.

Please note: If your child received doses of vaccine BEFORE the minimum age (too early), those doses do NOT count toward the number of doses needed.

If you have questions about these 2023-2024 requirements, please contact your childcare center or school's administrative office.

Sincerely,

Cheryl Lawrence, MD, FAAP
Medical Director
Office of School Health

Is Your Child Ready for Child Care or School?

2023-2024 School Year

Learn about required vaccinations in New York City.

All students ages 2 months up to 18 years in New York City must get the following vaccinations to go to childcare or school. Review your child's vaccine needs based on their grade level this school year. The number of vaccine doses your child needs may vary based on age and previous vaccine doses received. Your child may need additional vaccines or vaccine doses if they have certain health conditions or if previous doses were given too early. Blood tests that show immunity to measles, mumps, rubella, varicella, or hepatitis B also meet the requirements (polio immunity is only acceptable if the lab test was done before September 2019).

VACCINATIONS	CHILD CARE, HEAD START, NURSERY, 3K OR PRE- KINDERGARTEN	KINDERGARTEN - Grade 5	GRADES 6 -11	GRADE12
Diphtheria , tetanus, and pertussis (DTaP)	4 doses	5 doses or 4 doses ONLY if the fourth dose was received at age 4 years or older or 3 doses ONLY if the child is age 7 years or older and the series was started at age 1 year or older	3 doses	
Tetanus, diphtheria and pertussis booster (Tdap)			1 dose is required at 11 years or older when entering grades 6 - 12 (in compliance until age 11 years)	
Polio (IPV or OPV)	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older		
Measles, mumps and rubella (MMR)	1 dose	2 doses		
Hepatitis B	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB®) if the doses at least 4 months apart between ages of 11 through 15 years	
Varicella (chickenpox)	1 dose	2 doses		
Meningococcal conjugate (MenACWY)			Grade 6: Not applicable Grades 7-11: 1 dose	Grade 12: 2 doses or 1 dose if the first dose was received at age 16 years or older
Haemophilus influenzae type b conjugate (Hib)	1 to 4 doses Depends on child's age and doses previously received			
Pneumococcal conjugate (PCV)	1 to 4 doses Depends on child's age and doses previously received			
Influenza	1 dose			

Talk to your health care provider if you have questions.
For more information call **311** or visit **nyc.gov/health** and search for **student vaccines**.



Department of Health
& Mental Hygiene

Department of
Education



Cheryl Lawrence, MD, FAAP
Medical Director

Junio de 2023

Office of School Health 30-30
47th Avenue,
Long Island City, NY 11101

Estimado padre o tutor:

La Ciudad de Nueva York ha actualizado los requisitos de vacunación para el año escolar 2023-2024.

Esta carta incluye una lista de vacunas requeridas para el año escolar 2023-2024. Las vacunas protegen a los niños ante el contagio y la transmisión de enfermedades; también se requieren para asistir a la escuela.

Si su hijo va a asistir a un programa de cuidado infantil o a la escuela, deberá presentar comprobante de vacunación o de pruebas sanguíneas antes de que comience el año escolar (vea abajo).

Todos los estudiantes, desde programas de cuidado infantil hasta 12.º grado, deben cumplir con los siguientes requisitos:

- Las vacunas DTaP (difteria, tétanos, tos ferina), polio, MMR (sarampión, paperas, rubeola), varicela y hepatitis B.

Los menores de 5 años inscritos en programas de cuidado infantil y prekínder también deben cumplir con los siguientes requisitos:

- Las vacunas Haemophilus influenzae tipo b (Hib) y PCV (vacuna antineumocócica conjugada).
- La vacuna de la influenza: Esta debe administrarse antes del 31 de diciembre de 2023 (idóneamente, cuando esté disponible a principios del otoño).

Los menores de 6.º a 12.º grado también deben cumplir con los siguientes requisitos:

- La vacuna de refuerzo de Tdap (tétanos, difteria, tos ferina) y la de MenACWY (vacuna antimeningocócica conjugada).

Las pruebas de sangre que comprueben inmunidad contra el sarampión, las paperas, la rubeola, la varicela o la hepatitis B también cumplen los requisitos (las pruebas de inmunidad contra el polio son válidas solo si se realizaron antes de septiembre de 2019).

Tómese el tiempo este verano para revisar el historial de vacunación de su hijo con su médico. El médico le podrá informar si su hijo necesita vacunas o dosis adicionales para que pueda asistir o permanecer en la escuela o programa de cuidado infantil este año.

Para tener en cuenta: Si su hijo recibió dosis de vacunas ANTES de la edad mínima (demasiado temprano), estas NO cuentan para la cantidad de dosis necesarias.

Si tiene alguna pregunta sobre los requisitos para el año escolar 2023-2024, póngase en contacto con la oficina administrativa de la escuela o centro de cuidado infantil de su hijo.

Atentamente,

Cheryl Lawrence, MD, FAAP,
directora médica
Oficina de Salud Escolar

¿Su hijo está listo para un programa de cuidado infantil o la escuela?

Año escolar 2023-2024

Infórmese sobre las vacunas obligatorias en la Ciudad de Nueva York.

Todos los estudiantes de la Ciudad de Nueva York de 2 meses a 18 años necesitarán las siguientes vacunas para poder asistir a su programa de cuidado infantil o escuela. Revise los requisitos de vacunación de su hijo según el grado que vaya a cursar este año escolar. El número de dosis de las vacunas que su hijo necesita puede variar según la edad y las dosis que haya recibido anteriormente. Si su hijo tiene algún problema de salud o si le aplicaron las dosis muy temprano, es posible que requiera vacunas o dosis adicionales. Las pruebas de sangre que comprueben inmunidad contra el sarampión, las paperas, la rubeola, la varicela o la hepatitis B también cumplen los requisitos (las de inmunidad contra el polio solo se aceptan si las pruebas se realizaron antes de septiembre de 2019).

VACUNAS	CUIDADO INFANTIL, HEAD START, GUARDERÍA, 3-K O PREKINDER	DE KÍNDER A 5.º GRADO	DE 6 ° A 11 ° GRADO	12 º GRADO
Difteria, tétanos y tos ferina (DTaP)	4 dosis	5 dosis o 4 dosis SOLO si la cuarta dosis se administró de los 4 años en adelante o 3 dosis SOLO si el estudiante tiene 7 años o más y el ciclo de vacunación se inició del primer año de edad en adelante.	3 dosis	
Refuerzo de tétanos, difteria y tos ferina (Tdap)			1 dosis (de los 11 años en adelante)	
Polio (IPV u OPV)	3 dosis	4 dosis o 3 dosis si la tercera dosis fue administrada de los 4 años en adelante		
Sarampión, paperas y rubeola (MMR)	1 dosis	2 dosis		
Hepatitis B	3 dosis	3 dosis	3 dosis o 2 dosis de la vacuna de la hepatitis B para adultos (Recombivax HB®) si transcurrieron por lo menos cuatro meses entre cada dosis entre los 11 y los 15 años	
Varicela (chickenpox)	1 dosis	2 dosis		
Vacuna conjugada contra el meningococo (MenACWY)			6.º grado: No corresponde De 7.º a 12.º grado: 1 dosis	12.º grado: 2 dosis o 1 dosis si la primera dosis fue administrada de los 16 años en adelante
Vacuna Haemophilus influenzae tipo b (Hib) conjugada	1 a 4 dosis Depende de la edad del menor y de las dosis anteriores			
Vacuna antineumocócica conjugada (PCV)	1 a 4 dosis Depende de la edad del menor y de las dosis anteriores			
Gripe (influenza)	1 dosis			
Consulte a su médico si tiene preguntas. Para obtener más información, llame al 311 o visite nyc.gov/health y busque vacunas para estudiantes .			<div><div>NYC</div><div>Department of Health & Mental Hygiene</div><div>Department of Education</div></div>	



SEPTEMBER 2023

MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL SCHOOLS AND CHILD CARE CENTERS)

ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight	Body Mass Index	Medical History
Height	Vision Screening	Developmental Assessment
Blood Pressure	Hearing Screening	Nutritional Evaluation
	Dental Screening	

All students entering NYC public or private schools or child care (including Universal 3K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH205 is also available in the CIR and is accessible for use to update as needed. For school year 2023-2024, the previous version of the CH205 form produced from the Online Registry will continue to be accepted by all NYC Public Schools, Center/School/Home-Based Care and After-School until it is replaced by the new version.

Required Screening for Child Care Only

Screening	Required Information
Anemia Screening	Hematocrit and Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none"> All children under age 6 years must be assessed annually for lead exposure. Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented. For more information, call the Lead Poisoning Prevention Program at 311, or visit https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf

IMMUNIZATION REQUIREMENTS 2023–24

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years (i.e., until they reach the age of 18 years). Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade they are attending this school year.

PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>). If a child does not receive subsequent doses of vaccine at appropriate intervals and according to the ACIP catch-up schedule, the child is no longer in process and must be excluded from school within 14 days after the minimum interval identified by the ACIP catch-up schedule. Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/DT/Td/Tdap) ²	One dose DTaP or DTP	<u>Grades K-5:</u> One dose DTaP, DTP, DT; or Td, Tdap (ages 7 years or older) <u>Grades 6-12:</u> one dose of Tdap
Polio vaccine (IPV/OPV) ^{1,4}	One dose	One dose
Measles, mumps, and rubella vaccine (MMR) ^{1,5} On or after the first birthday	One dose	One dose
Hepatitis B (HepB) vaccine ^{1,6}	One dose	One dose
Varicella (chickenpox) vaccine ^{1,7} On or after the first birthday	One dose	One dose
Meningococcal conjugate vaccine (MenACWY) ⁸ Grades 7 through 12		One dose
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹ Through age 59 months (up until the 5 th birthday)	One dose	
Pneumococcal conjugate vaccine (PCV) ¹⁰ Through age 59 months (up until the 5 th birthday)	One dose	
Influenza ¹¹ Depending on their influenza vaccine history, some children may need two doses of influenza vaccine. A second dose is not required for child care/pre-K attendance.	One dose	

2023–24: FULL COMPLIANCE

New York State Immunization Requirements for Child Care and School Entrance/Attendance

Notes: For all settings and grades (child care, head start, nursery, 3K, pre-Kindergarten through 12), intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for children aged 0 up to 18 years. Doses received more than 4 calendar days before the recommended minimum age or interval are not valid and do not count. This 4-day grace period does not apply to the recommended 28-day minimum interval between doses of live virus vaccines (i.e., MMR, varicella). Refer to the footnotes for dose requirements and specific information about each vaccine. Children enrolling in gradeless classes should meet immunization requirements for their age-equivalent grade. Children who were not in full compliance before the start of the school year must complete requirements according to the ACIP-recommended catch-up schedule in order to remain in child care or school.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 5	GRADES 6 through 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP) ²	4 doses	5 doses or 4 doses if the fourth dose was received at age 4 years or older <u>or</u> 3 doses if the child is age 7 years or older and the series was started at age 1 year or older	3 doses
Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap) ³	Not Applicable		1 dose
Polio vaccine (IPV/OPV) ^{1,4}	3 doses	4 doses <u>or</u> 3 doses if the third dose was received at age 4 years or older	
Measles, mumps, and rubella vaccine (MMR) ^{1,5}	1 dose	2 doses	
Hepatitis B (HepB) vaccine ^{1,6}	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB®) for children who received the doses at least 4 months apart between the ages of 11 through 15 years
Varicella (chickenpox) vaccine ^{1,7}	1 dose	2 doses	
Meningococcal conjugate vaccine (MenACWY) ⁸	Not Applicable		Grades 7, 8, 9, 10 and 11: 1 dose Grade 12: 2 doses <u>or</u> 1 dose if the first dose was received at age 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not Applicable	
Pneumococcal conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not Applicable	
Influenza ¹¹	1 dose	Not Applicable	

For more information contact:

New York State Department of Health, Bureau of Immunization: 518-473-4437

New York City Department of Health and Mental Hygiene, Bureau of Immunization: 347-396-2433; Office of School Health Citywide (all districts): OSH@health.nyc.gov

- Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, or varicella meets the requirements for these immunizations. Serologic evidence of immunity to polio is acceptable only if results are positive for all three serotypes and testing must have been done prior to September 1, 2019. Diagnosis by a physician, physician assistant or nurse practitioner that a child had varicella disease is acceptable proof of immunity to varicella.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine – (Minimum age: 6 weeks)**
 - Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months, 15 through 18 months, and age 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, when retrospectively identified, the fourth dose need not be repeated if it was administered at least 4 months after the third dose. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
 - If the fourth dose was administered at age 4 years or older, the fifth (booster) dose is not necessary.
 - If the fifth dose was received prior to the fourth birthday, a sixth dose, administered at least 6 months after the prior dose, is required.
 - Children ages 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, either Tdap or Td should be used; the Tdap dose may count towards the Tdap requirement according to grade (see footnote 3d). If the first dose of DTaP/DTP/DT was received before the first birthday, then four total doses are required to complete the series. If the first dose of DTaP/DTP/DT was received on or after the first birthday, then three total doses are required to complete the series. The final dose must be received on or after the fourth birthday.
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine – (Minimum age: 10 years for grades 6-9; 7 years for grades 10-12)**
 - Students ages 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - Students without Tdap who are age 10 years upon entry to 6th grade are in compliance until they turn age 11 years.
 - In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series (see footnote 2e).
 - In school year 2023-2024, only doses of Tdap (or DTaP) given at age 10 years or older will satisfy the Tdap requirement for grades 6, 7, 8 and 9. However, doses of Tdap (or DTaP) given at age 7 years or older will satisfy the requirement grades 10 through 12.
 - DTaP should NOT be used on or after the 7th birthday but if inadvertently received, the Tdap requirement is satisfied by doses of DTaP (see footnote 3c and 3d).
- Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV) – (Minimum age: 6 weeks)**
 - Children starting the series on time should receive IPV at ages 2 months, 4 months, 6 through 18 months and age 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
 - For students who received their fourth dose before age 4 years: if the 4th dose was prior to August 7, 2010, four doses separated by at least four weeks is sufficient.
 - If the third dose was received at age 4 years or older and at least 6 months after the prior dose, a fourth dose is not necessary.
 - If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the IPV schedule. For OPV to count towards the completion of the polio series, the dose(s) must have been given before April 1, 2016, and be trivalent (OPV).
- Measles, mumps, and rubella (MMR) vaccine – (Minimum age: 12 months)**
 - The first dose of MMR vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
 - Students in kindergarten through grade 12 must receive two doses of measles-containing vaccine, two doses of mumps-containing vaccine and at least one dose of rubella-containing vaccine.
- Hepatitis B (HepB) vaccine – (Minimum age: birth)**
 - The first dose of HepB vaccine may be given at birth or anytime thereafter. The second dose must be given at least four weeks (28 days) after the first dose. The third dose must be given at least eight weeks after the second dose AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
 - Administration of a total of four doses is permitted when a combination vaccine containing HepB is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 6 months.
 - Two doses of adult HepB vaccine (Recombivax®) received at least four months apart at age 11 through 15 years will meet the requirement.
- Varicella (chickenpox) vaccine – (Minimum age: 12 months)**
 - The first dose of varicella vaccine must be given on or after the first birthday. The second dose must be given at least 28 days (four weeks) after the first dose to be considered valid.
 - For children younger than age 13 years, the recommended minimum interval between doses is three months (though, if the second dose was administered at least four weeks after the first dose, it can be accepted as valid); for people aged 13 years and older, the minimum interval between doses is four weeks.
- Meningococcal Vaccine (MenACWY) – (Minimum age: 10 years for grades 7-10; 2 months for grades 11 and 12)**
 - Students entering grades 7, 8, 9, 10 and 11 are required to receive a single dose of meningococcal conjugate vaccine against serogroups A, C, W-135 and Y (MenACWY vaccines, including Menactra, Menveo, or MenQuadfi). See footnote 8e for the age requirements.
 - Students entering grade 12 need to receive two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
 - If the second dose was administered before age 16 years, then a third dose given on or after age 16 years is required.
 - The minimum interval between doses of MenACWY vaccine is eight weeks.
 - In school year 2023-2024, only doses of MenACWY given at 10 years or older satisfies the requirement for grades 7, 8, 9 and 10; doses given before 10 years will satisfy the requirement for the first dose for grades 11 and 12.
- Haemophilus influenzae type b conjugate vaccine (Hib) – (Minimum age: 6 weeks)**
 - Children starting the series on time and receiving PRP-T Hib vaccine should receive doses at ages 2 months, 4 months, 6 months and 12 through 15 months. If the formulation is PRP-OMP, only two doses are needed before age 12 through 15 months.
 - If 2 doses of vaccine were received before age 12 months, only 3 doses are required, with the third dose at 12 through 15 months and at least 8 weeks after the second dose.
 - If the first dose was received at age 12 through 14 months, only 2 doses are required with second dose at least 8 weeks after the first dose.
 - If the first dose was received at age 15 months or older, no further doses are required.
 - Hib vaccine is not required for children ages 5 years or older.
 - For further information, see CDC [catch-up schedule](#)
- Pneumococcal conjugate vaccine (PCV) – (Minimum age: 6 weeks)**
 - Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - Unvaccinated children ages 7 through 11 months must receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months and at least eight weeks after the prior dose.
 - Unvaccinated children ages 12 through 23 months must receive two doses at least eight weeks apart.
 - Unvaccinated children ages 24 through 59 months must receive just one dose.
 - PCV vaccine is not required for children ages 5 years or older.
 - For further information, see CDC [catch-up schedule](#)
- Influenza Vaccine -- (Minimum age: 6 months)**
 - All children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated Child Care, Head Start, Nursery, or Pre-K programs must receive one dose of influenza vaccine between July 1 and December 31 of each year.
 - Depending on their prior influenza vaccination history, some children may need two doses of influenza vaccine; however, a second dose is not required for school entry. Please refer to the Centers for Disease Control and Prevention ([cdc.gov/flu](https://www.cdc.gov/flu)) or New York City Department of Health (www.nyc.gov/health/flu)



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

June 14, 2019

Statement on Legislation Removing Non-Medical Exemption from School Vaccination Requirements

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- child day care settings.

For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school, and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by June 28, 2019 to attend or remain in school or child day care. Also, by July 14, 2019 parents and guardians of such children must show that they have made appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The New York State Department of Health follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices catch-up immunization schedule and expects children to receive required doses consistent with Table 2 at the following link in order to continue to attend school or child day care: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

What is the deadline for first dose vaccinations if my child is not attending school until September?

Parents and guardians of all children who do not have their required immunizations are encouraged to have them receive the first dose as soon as possible. The deadline for obtaining first dose vaccinations for children attending school in the fall is 14 days from the first day of school. Within 30 days of the first day of school, parents and guardians of such children must show that they have made appointments for all required follow-up doses.

Additional information will be forthcoming.



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

Frequently Asked Questions About Legislation Removing Non-Medical Exemptions from School Vaccination Requirements

Overview:

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

1. What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- child day care settings.

2. When did the law become effective?

The law became effective on June 13, 2019.

3. How will schools and child day care settings be notified?

A joint notification by the NYS Department of Health, State Education Department, and Office of Children and Family Services was distributed to schools and child day care settings beginning on June 15, 2019.

4. For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by **June 28, 2019** to attend or remain in school or child day care. Also, by **July 14, 2019** parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The Department follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule for all

immunizations that are required to attend school in New York State, and expects children to receive required doses consistent with Table 2 of ACIP's Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State.)

5. Where can I find the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule?

The ACIP catch-up immunization schedule is available at the following link:

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

(Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in NYS.)

6. Are the vaccination requirements, as described in Question 5, required for my child to attend summer schools that are overseen by NYSED and summer child day care programs that are overseen by OCFS?

Yes. This requirement applies to summer school and summer child day care programs.

7. What is the deadline for first dose vaccinations if my child is not attending school until September?

The Department encourages parents and guardians of all children who do not have their required immunizations to receive the first dose in each immunization series as soon as possible. The deadline for obtaining first dose vaccinations in each immunization series for children attending school in the fall is 14 days from the first day of school or enrollment in child day care. Within 30 days of the first day of school, parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses.

8. Does this new legislation apply to my child attending college?

The new legislation did not change the vaccination requirements for college attendance. Students attending college in NYS can still obtain a religious exemption. The Department requires that every student attending college be vaccinated against measles, mumps and rubella (MMR), unless the student has a valid religious or medical exemption.

9. Does this new legislation affect my child's medical exemption?

No. The new legislation does not affect valid medical exemptions.

10. What is a valid medical exemption?

A valid medical exemption must:

1. Be on a sample medical exemption form issued by the Department <https://www.health.ny.gov/forms/doh-5077.pdf> or the NYC Department of Health and Mental Hygiene, or on a signed statement that certifies that the immunization may be detrimental to a child's health;
2. Be signed by a physician licensed to practice medicine in New York State;
3. Contain sufficient information to identify the medical contraindication to a specific immunization. The Department recommends that health care practitioners consult the ACIP guidelines for contraindications and precautions to childhood vaccinations, available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State); and
4. Be confirmed annually.

11. My child is not being allowed to attend school and/or child day care program based on vaccination status. How do I appeal this decision?

Education Law §310(6-a) allows an appeal to the Commissioner of the State Education Department from persons considering themselves aggrieved by an action taken by “a principal, teacher, owner or other person in charge of any school in denying a child admission to, or continued attendance at, such school for lack of proof of required immunizations in accordance with” Public Health Law §2164. Such appeal may include a request for a “stay” of the school’s action while the appeal is pending before the Commissioner. Information regarding the appeal process is available at: <http://www.counsel.nysed.gov/appeals/>.

There is no appeal process for child day care programs. Programs must be in compliance with all applicable laws.

12. What are the penalties for a school and child day care program if it does not comply?

All public, private and parochial schools are required to comply with the law. The Department will determine the cause of a school’s violation or noncompliance and, where appropriate, seek civil penalties from noncompliant schools. NYS OCFS regulates child day care programs and may sanction programs that do not comply with the law.

13. How does New York State verify vaccination rates at schools and child day care programs?

The NYSDOH annually conducts surveys of school and child day care immunization coverage and exemption rates. Schools and child day care settings are required to participate in the surveys. Additionally, the NYSDOH audits a sample of schools each year for compliance with PHL Section 2164 and to verify the rates reported in their survey. If any students out of compliance with PHL Section 2164 are discovered during the audit, then the NYSDOH will require the students be excluded from school until they comply with the law. The Department will determine the cause of a school’s noncompliance and, where appropriate, seek civil penalties from noncompliant schools. In some counties, the Department has delegated the county health department with authority to assist in conducting audits of schools to verify compliance.

NYS OCFS reviews vaccination records for compliance.

14. Does the new law apply to students who receive special education services?

Yes, the new law applies to students who receive special education services. However, the new legislation does not affect valid medical exemptions, and the United States Department of Education (“USDE”) has issued guidance to assist schools in ensuring that students with disabilities under the federal Individuals with Disabilities Education Act (“IDEA”) who are medically unable to receive vaccines due to a disability are not discriminated against on the basis of disability. USDE’s Office for Civil Rights’ [Fact Sheet: Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities](https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf) is available at: <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-factsheet-measles-201503.pdf>.

Questions may be directed to the State Education Department’s Office of Special Education, Policy Unit, 518-473-2878, SPECED@nysed.gov or to the appropriate [Special Education Quality Assurance Regional Office](#), SEQA@nysed.gov.

15. My child receives educational services from a public, private or parochial school off school grounds. Do they need to be vaccinated?

If a student is enrolled in the school, regardless of where they receive educational services, they will need to comply with the vaccination requirements for schools.

Version: June 18, 2019 – Document will be reissued with additional questions in the future.



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

Effective June 13, 2019, Chapter 35 of the Laws of 2019 repealed non-medical exemptions from vaccination for children attending school.

This document is in follow-up to [FAQs issued on June 18, 2019](#).

The [2019-20 School Year New York State Immunization Requirements for School Entrance/Attendance](#) is available online.

The Center for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) [catch-up immunization schedule](#) is available online.

VACCINATION REQUIREMENTS APPLICABLE TO ALL STUDENTS

Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019 applies to students attending all schools as defined in Public Health Law §2164 to include any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary schools.

Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019 prohibits a school from permitting any child to be admitted to such school, or to attend such school, in excess of 14 days without sufficient evidence that the child has received all age appropriate required vaccinations. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence **or** where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series and that they have age appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the CDC's Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 through 18.

1. Does the new law apply to children's camps issued a permit by the State or local health department?

No. The new legislation applies to schools as defined in Public Health Law §2164 and does not apply to children's camps that are issued a permit by the State or local health department.

2. My child had a religious exemption and attends summer school, or extended school year (ESY) for students with disabilities, which are not children's camps. Does the new law apply to summer school/ESY and if so, what is the

timeline I must follow to get my child vaccinated so my child can continue to attend school?

Yes, the law applies to both summer school and ESY. Proof of immunization must be provided within 14 days after the first day of summer school/ESY. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence; **or**, where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age-appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the Advisory Committee on Immunization Practices (“ACIP”) “Recommended Child and Adolescent Immunization Schedules for ages 18 years or younger.”

Thereafter, if such students require additional vaccinations due to entering a new grade level when school starts again in the future, those students must provide evidence of having received any additional age-appropriate required immunizations within 14 days of the first day instruction commences. The 14 days may be extended where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age-appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the ACIP “Recommended Child and Adolescent Immunization Schedules for ages 18 years or younger.”

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

3. When do parents need to provide proof of immunization in the fall for students who did not attend summer school or ESY?

Proof of immunization must be provided within 14 days after the first day of instruction in September. The 14 days may be extended where the student is transferring from out of state or from another country and can show a good faith

effort to get the necessary evidence **or** where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series within the 14 days and that they have age appropriate scheduled appointments for follow-up doses to complete the immunization series.

- 4. Does the new law apply to attendance at activities that are on school property but open to the general public? Examples may include: SAT prep, sporting events, and plays.**

No. The new legislation does not apply to attendance at activities on school property that are open to the general public.

- 5. My child's school operates year-round, excluding ESY and summer school. When did the new law start applying to year-round schools?**

The change in the law took effect on June 13, 2019 and allowed 14 days for children to get their first dose of each required vaccine in order to be admitted to or continue attending school. Therefore, children at year-round schools were required to be vaccinated with the first doses by June 28, 2019. These children must be excluded from school immediately if they do not meet this requirement.

- 6. Does this new law apply to students aged 18 and older?**

No. The mandatory vaccination law only applies to a child, which Public Health Law §2164(1)(b) defines as a person between the ages of two months and 18 years. Once a student reaches the age 18, he/she is no longer required to show proof of immunization.

- 7. My child's school operates a year-round day care center. When did the new law start applying to these year-round day care centers in schools?**

The change in the law took effect on June 13, 2019 and allowed 14 days for children to get their first dose of each required vaccine. Therefore, children at year-round day care centers are required to be vaccinated with the first doses by June 28, 2019.

These children must be excluded from day care centers in school immediately if they do not meet these requirements.

8. My child had a religious exemption before the new law was enacted. Is my religious exemption still valid?

No. Religious exemptions are no longer valid in New York State.

9. Does the new requirement apply to charter schools?

Yes.

10. Do I need to schedule all of my child's appointments for all required doses, including all follow-up doses, within 30 days of the first day of attendance?

Parents and guardians must demonstrate, within 30 days of the first day of attendance, that their child has age-appropriate appointments scheduled for the next follow-up doses to complete the immunization series in accordance with the ACIP schedule. However, the actual appointments for the follow-up doses may be more than 30 days out, so long as they are in accordance with the ACIP schedule available online at <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

11. When are follow-up doses required for children who received their first doses prior to the change in law and are overdue for their next doses?

Such students must still receive their next doses as soon as they are due, in accordance with the ACIP schedule. Children must receive all first doses, or overdue follow-up doses if they already received prior doses in a series, within 14 days of school or child day care attendance, and must provide evidence of age appropriate appointments for the next follow-up doses, in accordance with the ACIP schedule, within 30 days of the first day of attendance. All required vaccine schedules must be completed in accordance with the ACIP schedule. Here is a link for the routine immunization and catch up schedules:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

12. Is the rotavirus vaccine required to attend school?

No.

13. My child never received the pneumococcal vaccine or Haemophilus Influenzae type B (Hib) vaccine as a baby. Now my child is entering kindergarten. According to the ACIP schedule, healthy children age 5 and older don't need these vaccines. Does my child still need these vaccines to attend school?

No. Pneumococcal and Haemophilus Influenzae type B (Hib) vaccines are only required for day cares and pre-kindergarten programs. Children in kindergarten through grade 12 do not need to receive a pneumococcal or Hib vaccine.

14. Who may issue a medical exemption?

Pursuant to Section 2164 of the Public Health Law, only physicians licensed to practice medicine in NYS may issue a medical exemption.

15. Is serological evidence of immunity acceptable proof of immunization for school enrollment?

A positive serologic test can be accepted as proof of immunity for school enrollment only for the following diseases: measles, mumps, rubella, varicella (chickenpox), hepatitis B and all three serotypes of poliomyelitis found in the polio vaccines.

16. If I'm a Group Family Child Care Provider, with my own children in my home, in addition to day care children, what are my options regarding my own children who remain in the home during day care hours and are not vaccinated? Can they remain in another part of the house during day care hours?

In home-based child care programs (family day care and group family day care), a provider's own non-school aged children count in the program's capacity and are considered to be enrolled in the program. The provider must comply with Public Health Law and New York State Child Care Regulations regarding immunizations, and must keep documentation of immunizations all enrolled children have received, including the provider's own children.

17. Are "homeoprophylaxis vaccines" acceptable alternatives for required vaccinations?

No. Only licensed vaccines recommended by the ACIP are acceptable.

18. Are out-of-country immunization records acceptable?

Yes, as long as they are official records and can be read and understood by the school or have been reviewed and signed by a physician licensed to practice medicine in NYS.

19. Are children allowed to follow a delayed vaccination schedule for required vaccines?

No. The ACIP schedule must be used. Delayed vaccination schedules are not permitted.

20. What does the June 30, 2020 date mean in the law?

Until June 30, 2020, a child can attend school if they receive the first age-appropriate dose in each immunization series within 14 days from the first day of school attendance and can show within 30 days that they have scheduled age-appropriate appointments for required follow-up doses. This allows students who were not fully up-to-date on their vaccinations on June 13, 2019, when the law was enacted, to continue to attend school, as long as they receive the first age-appropriate dose in each immunization series within 14 days from the first day of school attendance and can show within 30 days that they have scheduled age-appropriate appointments for required follow-up doses. By June 30, 2020, all students who were attending school at the time the law was enacted are expected to be fully up-to-date on their required immunizations and therefore the 30-day extension allowing such children to be enrolled as long as they have scheduled appointments to complete their immunization series according to the ACIP schedule will expire.

21. Can all required vaccines be given at the same time? Can the schedule be spread out?

Scientific data show that getting several vaccines at the same time does not cause any health problems. If combination vaccines are used, the number of injections can be reduced. The highest number of vaccines that a child might need to attend school or daycare is seven. However, the number varies by age, and older children need fewer doses to catch up. It is important to note that infants routinely get multiple vaccines at once, according to the ACIP schedule. The ACIP schedule is approved by the American Academy of Pediatrics, the American Academy of Family Practice, and is the standard of practice for vaccination in the United States. Vaccines can be

spread out to start, so long as a child receives the first age-appropriate dose in each immunization series within 14 days of the first day of attendance.

22.If a school doesn't receive State Aid, can it offer religious exemptions to the vaccination requirement?

No. All schools must comply with the immunization requirements, regardless of whether they receive State Aid. Public Health Law §2164(1)(a) defines "school" to include any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school.



**Pneumococcal Vaccine Requirements for New York State Daycare
Entrance/Attendance by Age and Vaccination History:
Infants and Toddlers Less Than 2 Years of Age**

Current Age	Vaccination History	Additional Doses Required*	Total Number of Doses Required
0-6 months*	0 doses (child never had a dose)	4	4
	1 dose	3	4
	2 doses	2	4
	3 doses	1 at age 12-15 months	4
7-11 months	0 doses (child never had a dose before age 7 months)	3	3
	1 dose	2	3
	2 doses, at least 1 administered on or after age 7 months	1 at age 12-15 months	3
	2 doses, both administered before age 7 months	2	4
	3 doses	1 at age 12-15 months	4
12-23 months	0 doses (child never had any doses before age 12 months)	2	2
	1 dose administered on or after age 12 months	1	2
	1 dose administered before age 12 months	2	3
	2 doses, both administered on or after age 12 months	0	2
	2 doses, at least 1 administered before age 12 months	1	3
	3 doses, at least 1 administered on or after age 12 months	0	3
	3 doses, all administered before age 12 months	1	4
	4 doses	0	4

* Recommended vaccine schedule for children starting the series on time is at 2 months, 4 months, 6 months, and 12-15 months of age. Minimum age for administration of first dose is 6 weeks.



**Pneumococcal Vaccine Requirements for New York State
Prekindergarten and Daycare Entrance/Attendance
by Age and Vaccination History:
Children Aged 2 Through 5 Years**

Current Age	Vaccination History	Additional Doses Required*	Total Number of Doses Required
24-59 months	0 doses (child never had any doses before age 24 months)	1	1
	1 dose administered on or after age 24 months	0	1
	1 dose administered before age 24 months	1	2
	2 doses, both administered on or after age 12 months	0	2
	2 doses, at least 1 administered before age 12 months	1	3
	3 doses, at least 1 administered on or after age 12 months	0	3
	3 doses, all administered before age 12 months	1	4
	4 doses	0	4
≥ 5 years	Not required for pre-K and daycare entrance or attendance for healthy children ≥ 5 years of age		

Student Information	DOE School Sites	Non-DOE School Sites
Student Name:	OSIS #	School/Facility Name:
Date of Birth ____/____/_____ Student Address:	ATS DBN	School contact name/title: Phone: FAX: Address:

Instructions for the Requesting Physician

This form **must be completed and signed by a physician licensed in New York State** and be based on [Advisory Committee on Immunization Practices' recommendations and guidelines](#), in accordance with NYS Public Health Law Section 2164. Parental concerns about immunizations do not constitute a valid medical exemption. Medical exemptions are granted for no more than one year and requests must be resubmitted annually. NYC Department of Health medical providers review all medical exemption requests and may request additional information. Note: students on home instruction are required to be vaccinated in accordance with the NYS Public Health Law Section 2164.

The following are **NOT** valid contraindications to **ANY** routine vaccine:

- Egg allergy, even if anaphylactic, is not a valid contraindication to MMR, influenza, or any other vaccine.
- Autism and/or developmental delay in the child or family member.
- Controlled seizures (with or without medication).
- Mild, acute illness (e.g., low-grade fever, cold, upper respiratory illness, diarrhea, otitis media).
- Prior influenza A and/or B infection (influenza vaccine still required for children up to the 5th birthday).
- Contact with immunosuppressed persons by a healthy individual.
- Pregnancy in the household or contact with a pregnant woman.
- Family history of any vaccine reaction(s) or history of allergies (in a relative).
- Family history of seizures (in a relative).
- Parental requests to delay or withhold vaccinations will not be considered.

Medical Exemption Request

As the student's physician, I request a medical exemption for (student name) _____
date of birth ____/____/____ for the following required immunization(s). I certify under penalty of violation of NYS Public Health Law Section 2164 that the particular immunization(s) will be detrimental to the child's health:

<input type="checkbox"/> Hepatitis B <input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> Polio <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> MenACWY	For children up to the 5th birthday <input type="checkbox"/> PCV13 <input type="checkbox"/> Hib <input type="checkbox"/> Influenza
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Explanation for exemption request for each vaccine(s). please attach supporting documentation if needed.

Diagnosis/Event/Treatment:	
Date of Diagnosis/Event:	Expected Duration of Contraindication:

Physician Name:	NYS License # NY _____	
Physician Signature:	Degree (MD / DO)	Date ____/____/____
Office Phone (____) ____ - ____ Ext ____	Stamp	
Cell Phone (____) ____ - ____		

Parent/Guardian Consent for Release of Information

I, (parent/guardian name) _____ authorize (physician name) _____ 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's signature _____ Date ____/____/____



Warning Notice: Missing Immunization Records

Child's Name:		Date:
Child's OSIS Number:	School DBN:	Grade or Class:

Dear Parent or Guardian:

Your child is missing one or more vaccines required for school (checked off in the following table). Under Public Health Law Section 2164, **your child's principal is prohibited from allowing your child to attend school after ____/____/____** unless you provide records your child has received the vaccines or proof of immunity.

Show this letter to your child's health care provider to make sure they receive any missing vaccines. If your child already received the vaccines or has records of immunity, give the records to your school principal. Vaccines given before the minimum age (too early) do not count. Alternative vaccine schedules are not allowed. Call **311** for questions about immunizations or help finding a health care provider.

Vaccines (Missing Vaccines Are Checked)	Dose Number Needed	Health Care Provider Notes*
<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTap or DTP), or tetanus and diphtheria (Td)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	DTaP is for children younger than age 7 years. Td is for children age 7 years or older.
<input type="checkbox"/> Tetanus, diphtheria and acellular pertussis (Tdap)	<input type="checkbox"/> 1	Only doses of Tdap (or DTaP) given at age 10 years or older count for grades 6 to 9; doses given at age 7 years or older count for grades 10 to 12.
<input type="checkbox"/> Polio (IPV or OPV)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Blood work showing immunity to all three polio serotypes is accepted only if done before September 2019.
<input type="checkbox"/> Measles, mumps and rubella (MMR)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Blood work showing immunity is accepted.
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Blood work showing immunity or infection is accepted.
<input type="checkbox"/> Varicella (chickenpox)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Blood work showing immunity or provider documentation of disease is accepted.
<input type="checkbox"/> Meningococcal conjugate (MenACWY)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Only MenACWY doses given at age 10 years or older count for grades 7 to 10; doses given before age 10 years count for the first dose for grades 11 to 12.
<input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child care, Head Start, nursery, 3-K or prekindergarten
<input type="checkbox"/> Pneumococcal conjugate (PCV)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child care, Head Start, nursery, 3-K or prekindergarten
<input type="checkbox"/> Influenza (flu)	<input type="checkbox"/> 1	Child care, Head Start, nursery, 3-K or prekindergarten

*For health care providers: To view school immunization requirements, visit **schools.nyc.gov** and search for **immunizations** (see the **Information for Providers** section).

Principal's Name:
School Phone:



Notice of Exclusion From School Due To Incomplete Immunization Record

Child's Name:		Date:
Child's OSIS Number:	School DBN:	Grade or Class:

Dear Parent or Guardian:

As of ____/____/____, your child cannot attend school due to one or more missing vaccines required for school (checked off in the following table). Under Public Health Law Section 2164, your child's principal is prohibited from allowing your child to stay in school unless you provide records your child has received the vaccines or proof of immunity.

Show this letter to your child's health care provider to make sure they receive any missing vaccines. If your child already received the vaccines or has records of immunity, give the records to your school principal. Vaccines given before the minimum age (too early) do not count. Alternative vaccine schedules are not allowed. Call **311** for questions about immunizations or help finding a health care provider.

Vaccines (Missing Vaccines Are Checked)	Dose Number Needed	Health Care Provider Notes*
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<input type="checkbox"/> Varicella (chickenpox)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Blood work showing immunity or provider documentation of disease is accepted.
<input type="checkbox"/> Meningococcal conjugate (MenACWY)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Only MenACWY doses given at age 10 years or older count for grades 7 to 10; doses given before age 10 years count for the first dose for grades 11 to 12.
<input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child care, Head Start, nursery, 3-K or prekindergarten
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***For health care providers:** To view school immunization requirements, visit **schools.nyc.gov** and search for **immunizations** (see the **Information for Providers** section).

Principal's Name:
School Phone:

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 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 (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 types available for testing) do 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:

Physician Name: _____	NYS License # ____ - ____ - ____ - ____
Physician Signature: _____	Degree: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA
Office Phone (____) ____ - ____ - ____ Ext ____ Cell Phone (____) ____ - ____ - ____ Date ____ / ____ / ____	Stamp

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	<input type="checkbox"/> MEASLES	<input type="checkbox"/> MUMPS	<input type="checkbox"/> RUBELLA	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> HEP B	<input type="checkbox"/> VARICELLA DISEASE	<input type="checkbox"/> POLIO
---------------------------	----------------------------------	--------------------------------	----------------------------------	------------------------------------	--------------------------------	--	--------------------------------

Reviewed by _____ Date ____ / ____ / ____

Immunization Requirements for School Attendance

Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

-
1. Patient's Name _____
 2. Patient's Date of Birth _____
 3. Patient's Address _____
 4. Name of Educational Institution _____
-

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|---|---|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input type="checkbox"/> Polio (IPV or OPV) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B (Hep B) | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap) | <input type="checkbox"/> Meningococcal Vaccine (MenACWY) |

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable) _____

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ NYS Medical License # _____

Address _____

Telephone _____

Signature _____ Date _____

For Institution Use ONLY: Medical Exemption Status ☐ Accepted ☐ Not Accepted Date: _____

Immunization Request Letter to Parents/Guardians of Students in PreK-12

Dear Parent/Guardian of _____ Date _____

All students entering or attending school in NYS, including remote school attendance, must be immunized. Your child is missing one or more immunizations (shots) for school.

Please share the attached documents with your child's healthcare provider (MD, NP, PA) so they can provide the immunizations (shots) your child needs. The age at which immunizations are given must match the [NYSDOH Immunization Requirements for School Entrance/Attendance Chart](#).

The following immunizations have changes in requirements for the 2023-2024 school year.

Tdap vaccine requirements in the 2023-2024 school year are:

- Students in grades 6 - 9 are required to have a dose no earlier than 10 years of age.
- Students in grades 10 – 12 are required to have a dose no earlier than 7 years of age.
- Students 11 years or older entering grades 6 -12 are required to have one dose of Tdap.
- Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

Meningococcal Conjugate vaccine requirements in the 2023-2024 school year are:

- Students in grades 7 - 10 are required to have the first dose no earlier than 10 years of age.
- Students in grades 11 - 12 are required to have the first dose no earlier than 6 weeks of age.
- For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
- The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

Schools can accept the following immunization records as proof of immunization:

- An immunization record from your healthcare provider or health department.
- An official copy of the immunization record sent directly from your child's previous school with the dates given.
- A NYSIIS/NYCIR Immunization Registry record.
- A blood test (titer) lab report that proves immunity to Measles, Mumps, Rubella, Varicella, Hepatitis B.
- A note from your healthcare provider with the date your child had Chicken Pox (varicella).

Please return your child's immunization record to the School Health Office.

School Nurse: _____ School: _____

Email: _____

Phone: _____ Fax: _____

Immunizations are also available through your local county health department at:

School District Letterhead
Sample Form

Exclusion Notification For Missing Immunizations (Shots)

Dear Parent/Guardian,

Date:

All children must receive the immunizations (shots) required by New York State Law Section 2164 to attend school. You are receiving this letter because your child is missing the required immunization(s), or the doses were not given at the right time.

You must provide proof of immunization(s), the required immunizations can be obtained from a health care provider or your county health department at:

Your child is not allowed to attend school beginning ____/____/____ unless you provide proof your child has received the required immunizations.

These are the immunizations needed:

Immunization Name	# of Doses Needed
Diphtheria/Tetanus/Pertussis (DTaP or Tdap)	
Polio	
Measles/Mumps/Rubella (MMR)	
Hepatitis B	
Varicella (Chickenpox)	
Meningococcal Conjugate (MenACWY)	
Hemophilus Influenzae (HIB)	
Pneumococcal Conjugate (PCV)	

Proof of Immunization can be:

- An immunization certificate signed or stamped by your health care provider.
- A record issued by NYSIIS or CIR from NYC
- or an official immunization registry from another state or official record from a foreign country.
- An electronic health record from your provider's office.
- A blood test (titer) lab report that proves your child is immune to measles, mumps, rubella varicella (chickenpox), or hepatitis B.
- For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had chickenpox.

As the parent/guardian you have the right to file a 310 appeal to the Commissioner of Education within 30 days of receiving this notice. Information can be found at www.counsel.nysed.gov/appeals

Sincerely,

(Principal Name)



Department of Health
and Mental Hygiene

Department
of Education

CHILD & ADOLESCENT
HEALTH EXAMINATION FORM

Please
Print Clearly

NYC ID (OSIS)

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address		Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____	
City/Borough	State	Zip Code	School/Center/Camp Name	District Number ____ ____
Health insurance <input type="checkbox"/> Yes <input type="checkbox"/> Parent/Guardian Last Name First Name (including Medicaid)? <input type="checkbox"/> No <input type="checkbox"/> Foster Parent				Phone Numbers Home _____ Cell _____ Work _____

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____	Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF): If persistent, check all current medication(s): Asthma Control Status <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability Explain all checked items above.	<input type="checkbox"/> Intermittent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Well-controlled <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ Addendum attached.	<input type="checkbox"/> Mild Persistent <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ _____
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Attach MAF if in-school medications needed

PHYSICAL EXAM Date of Exam: ____/____/____	General Appearance: <input type="checkbox"/> Physical Exam WNL					
Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____	<table><tr><td><i>Ni Abnl</i> <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Language <input type="checkbox"/> Behavioral</td><td><i>Ni Abnl</i> <input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck</td><td><i>Ni Abnl</i> <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Lungs <input type="checkbox"/> Cardiovascular</td><td><i>Ni Abnl</i> <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitourinary <input type="checkbox"/> Extremities</td><td><i>Ni Abnl</i> <input type="checkbox"/> Skin <input type="checkbox"/> Neurological <input type="checkbox"/> Back/spine</td></tr></table>	<i>Ni Abnl</i> <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Language <input type="checkbox"/> Behavioral	<i>Ni Abnl</i> <input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<i>Ni Abnl</i> <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Lungs <input type="checkbox"/> Cardiovascular	<i>Ni Abnl</i> <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitourinary <input type="checkbox"/> Extremities	<i>Ni Abnl</i> <input type="checkbox"/> Skin <input type="checkbox"/> Neurological <input type="checkbox"/> Back/spine
<i>Ni Abnl</i> <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Language <input type="checkbox"/> Behavioral	<i>Ni Abnl</i> <input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<i>Ni Abnl</i> <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Lungs <input type="checkbox"/> Cardiovascular	<i>Ni Abnl</i> <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitourinary <input type="checkbox"/> Extremities	<i>Ni Abnl</i> <input type="checkbox"/> Skin <input type="checkbox"/> Neurological <input type="checkbox"/> Back/spine		

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____	Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)	Hearing Date Done Results < 4 years: gross hearing ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred	Vision Date Done Results <3 years: Vision appears: ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) ____/____/____ Right ____/____/____ Left ____/____/____ <input type="checkbox"/> Unable to test
Describe Suspected Delay or Concern:	Lead Risk Assessment (at each well child exam, age 6 mo-6 yrs) ____/____/____ <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No		

CIR Number	Physician Confirmed History of Varicella Infection <input type="checkbox"/>	Report only positive immunity:
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IMMUNIZATIONS – DATES	IgG Titers	Date
DTP/DTaP/DT _____ Tdap _____	Hepatitis B _____	
Td _____ MMR _____	Measles _____	
Polio _____ Varicella _____	Mumps _____	
Hep B _____ Mening ACWY _____	Rubella _____	
Hib _____ Hep A _____	Varicella _____	
PCV _____ Rotavirus _____	Polio 1 _____	
Influenza _____ Mening B _____	Polio 2 _____	
HPV _____ Other _____	Polio 3 _____	

ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) ICD-10 Code	RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
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Health Care Practitioner Signature	Date Form Completed ____/____/____	DOHMH ONLY PRACTITIONER I.D. _____
Health Care Practitioner Name and Degree (print)	Practitioner License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments:
Facility Name	National Provider Identifier (NPI)	Date Reviewed: ____/____/____ I.D. NUMBER _____
Address City State Zip		REVIEWER: _____
Telephone Fax Email		FORM ID# _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m²

Percentile (Weight Status Category): ☐ < 5th ☐ 5th- 49th ☐ 50th- 84th ☐ 85th- 94th ☐ 95th- 98th ☐ 99th and >

Hyperlipidemia: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
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☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> Student may participate in all activities without restrictions.					
If Restrictions Apply – Complete the information below					
<input type="checkbox"/> Student is restricted from participation in:					
<input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.					
Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					