

# 2024-25 School Year

## New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**  
All children must be age-appropriately immunized to attend school in New York State. 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
<b>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)<sup>2</sup></b>	<b>4 doses</b>	<b>5 doses or 4 doses</b> if the 4th dose was received at 4 years or older or <b>3 doses</b> if 7 years or older and the series was started at 1 year or older	<b>3 doses</b>	
<b>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)<sup>3</sup></b>	<b>Not applicable</b>		<b>1 dose</b>	
<b>Polio vaccine (IPV/OPV)<sup>4</sup></b>	<b>3 doses</b>	<b>4 doses or 3 doses</b> if the 3rd dose was received at 4 years or older		
<b>Measles, Mumps and Rubella vaccine (MMR)<sup>5</sup></b>	<b>1 dose</b>	<b>2 doses</b>		
<b>Hepatitis B vaccine<sup>6</sup></b>	<b>3 doses</b>	<b>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</b>		
<b>Varicella (Chickenpox) vaccine<sup>7</sup></b>	<b>1 dose</b>	<b>2 doses</b>		
<b>Meningococcal conjugate vaccine (MenACWY)<sup>8</sup></b>	<b>Not applicable</b>		<b>Grades 7, 8, 9, 10 and 11: 1 dose</b>	<b>2 doses or 1 dose</b> if the dose was received at 16 years or older
<b>Haemophilus influenzae type b conjugate vaccine (Hib)<sup>9</sup></b>	<b>1 to 4 doses</b>	<b>Not applicable</b>		
<b>Pneumococcal Conjugate vaccine (PCV)<sup>10</sup></b>	<b>1 to 4 doses</b>	<b>Not applicable</b>		

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 10: 10 years; minimum age for grades 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 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 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 New York State 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 pre-kindergarten. Two doses are required for grades kindergarten through 12.
  - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
  - d. Rubella: At least one dose is required for all grades (pre-kindergarten 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 11: 10 years; minimum age for grade 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  
Division of Vaccine Excellence  
Room 649, Corning Tower ESP  
Albany, NY 12237  
(518) 473-4437**

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

New York State Department of Health/Division of Vaccine Excellence  
health.ny.gov/immunization

# Año escolar 2024-2025

## Requisitos de vacunación del estado de Nueva York para inscribirse/asistir a la escuela<sup>1</sup>

**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
<b>Vacuna con toxoide diftérico y tetánico y vacuna contra la tos ferina (DTaP/DTP/Tdap/Td)<sup>2</sup></b>	<b>4 dosis</b>	<b>5 dosis o 4 dosis</b> si la cuarta dosis se aplicó a los 4 años de edad o más, o <b>3 dosis</b> si tiene 7 años o más y la serie se inició a partir del año	<b>3 dosis</b>	
<b>Refuerzo de la vacuna con toxoide diftérico y tetánico y la vacuna contra la tos ferina (Tdap) para adolescentes<sup>3</sup></b>	<b>No corresponde</b>		<b>1 dosis</b>	
<b>Vacuna antipoliomielítica (IPV/OPV)<sup>4</sup></b>	<b>3 dosis</b>	<b>4 dosis o 3 dosis</b> si la tercera dosis se aplicó a los 4 años de edad o más		
<b>Vacuna contra sarampión, paperas y rubéola (MMR)<sup>5</sup></b>	<b>1 dosis</b>	<b>2 dosis</b>		
<b>Vacuna contra la hepatitis B<sup>6</sup></b>	<b>3 dosis</b>	<b>3 dosis o 2 dosis</b> 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		
<b>Vacuna contra la varicela<sup>7</sup></b>	<b>1 dosis</b>	<b>2 dosis</b>		
<b>Vacuna antimeningocócica conjugada (MenACWY)<sup>8</sup></b>	<b>No corresponde</b>		<b>7.º, 8.º, 9.º, 10.º y 11.º grado: 1 dosis</b>	<b>2 dosis o 1 dosis</b> si la dosis se aplicó a los 16 años de edad o más
<b>Vacuna conjugada contra Haemophilus influenzae tipo B (Hib)<sup>9</sup></b>	<b>1 a 4 dosis</b>	<b>No corresponde</b>		
<b>Vacuna neumocócica conjugada (PCV)<sup>10</sup></b>	<b>1 a 4 dosis</b>	<b>No corresponde</b>		

1. 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.
2. Vacuna con toxoide diftérico y tetánico y tos ferina acelular (DTaP). (Edad mínima: 6 semanas)
  - a. 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.
  - b. 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.
  - c. 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.
3. 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 a 10 grado: 10 años; edad mínima para 11 a 12 grado: 7 años).
  - a. Los estudiantes mayores de 11 años que ingresan a los grados de 6.º a 12.º deben recibir una dosis de Tdap.
  - b. 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 2024-2025, 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 10.º; sin embargo, las dosis de Tdap aplicadas a los 7 años o más cumplirán el requisito para los estudiantes en los grados 11.º a 12.º.
  - c. 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.
4. Vacuna antipoliomielítica inactivada (IPV) o vacuna antipoliomielítica oral (OPV). (Edad mínima: 6 semanas)
  - a. 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.
  - b. 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.
  - c. 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.
  - d. 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.
5. Vacuna contra sarampión, paperas y rubéola (MMR). (Edad mínima: 12 meses)
  - a. 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.
- b. Sarampión: Se necesita una dosis para prekindergarten. Se necesitan dos dosis para los grados de kindergarten hasta 12.º.
- c. Paperas: Se necesita una dosis para prekindergarten. Se necesitan dos dosis para los grados de kindergarten hasta 12.º.
- d. Rubéola: Se necesita por lo menos una dosis para todos los grados (prekindergarten hasta 12.º grado).
6. Vacuna contra la hepatitis B
  - a. 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).
  - b. 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.
7. Vacuna contra la varicela. (Edad mínima: 12 meses)
  - a. 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.
  - b. 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.
8. Vacuna antimeningocócica conjugada ACWY (MenACWY). (Edad mínima para 7 a 11 grado: 10 años; edad mínima para 12 grado: 6 semanas).
  - a. 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.
  - b. 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).
  - c. La segunda dosis debe haberse aplicado a los 16 años o más. El intervalo mínimo entre dosis es de 8 semanas.
9. Vacuna conjugada contra Haemophilus influenzae tipo b (Hib). (Edad mínima: 6 semanas)
  - a. 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.
  - b. 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.
  - c. 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.
  - d. Si se aplicó la primera dosis a los 15 meses de edad o más, solo se requiere 1 dosis.
  - e. No se requiere la vacuna Hib para niños mayores de 5 años.
  - f. [Para más información, consulte la Guía de actualización para niños sanos de 4 meses a 4 años de los CDC.](#)
10. Vacuna neumocócica conjugada (PCV). (Edad mínima: 6 semanas)
  - a. 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.
  - b. 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.
  - c. 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.
  - d. Si se recibió una dosis de la vacuna a los 24 meses de edad o más, no se requieren dosis adicionales.
  - e. La PCV no es obligatoria para los niños mayores de 5 años.
  - f. [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**  
**Division of Vaccine Excellence**  
**Room 649, Corning Tower ESP**  
**Albany, NY 12237**  
**(518) 473-4437**

**New York City Department of Health and Mental Hygiene**  
**School Compliance Unit, Bureau of Immunization**  
**42-09 28th Street, 5th floor**  
**Long Island City, NY 11101**  
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New York State Department of Health/Division of Vaccine Excellence  
 health.ny.gov/immunization

# NYC Public Schools | Department of Health & Mental Hygiene

Cheryl Lawrence, MD, FAAP  
Medical Director

June 2024

Office of School Health

30-30 47th Ave.  
Long Island City, NY 11101

Dear Parent or Guardian,

New York City has updated the school immunization requirements for the 2024-2025 school year. A list of the vaccine requirements for the 2024-2025 school year is included with this letter. Vaccines protect children from getting and spreading diseases and are required for children to attend school. Before the school year begins, you must submit proof of immunization or blood test results that show immunity for your child if they are attending child care or school.

**All students in child care to grade 12** must meet the requirements for the diphtheria, tetanus and pertussis (DTaP); poliovirus (IPV or OPV, but OPV does not count if it was received after April 1, 2016); measles, mumps and rubella (MMR); varicella; and hepatitis B vaccines.

**Children younger than age 5 who are enrolled in child care and pre-kindergarten** must also meet the requirements for the influenza (flu) vaccine (by December 31, 2024, but preferably when it becomes available in early fall) and the *Haemophilus influenzae* type b (Hib) and pneumococcal conjugate (PCV) vaccines. **Children in grades 6 to 12** must also meet the requirements for the tetanus, diphtheria and pertussis (Tdap) booster and meningococcal conjugate (MenACWY) vaccine.

Blood tests that show immunity to MMR, varicella or hepatitis B also meet the requirements (immunity to polio is only acceptable if the lab shows immunity to all serotypes – types 1, 2 and 3 – and was done before September 2019).

Take time this summer to review your child's immunization history with their health care provider. Your child's provider can tell you whether additional doses of one or more vaccines are required for your child to attend child care or school. **Note:** If your child received vaccine doses before the minimum age (too early), those doses do not count toward the number of doses needed.

If you have questions about these 2024-2025 vaccine requirements, contact your child care center or school's administrative office.

Sincerely,



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

# 2024-2025 School Year — Is Your Child Ready for Child Care or School? Learn About Required Vaccinations in New York City.

All students ages 2 months to 18 years in New York City must get the following vaccinations to go to child care or school. Review your child’s vaccine needs based on their grade level this school year. The chart below shows the number of valid doses that are required. The number of vaccine doses your child needs may vary based on their age and previous vaccine doses received. Your child may need additional vaccines or vaccine doses if they have certain health conditions or previous doses were given too early (not valid). OPV does not count if received after April 1, 2016. Blood tests that show immunity to measles, mumps and rubella, varicella, or hepatitis B also meet the requirements (immunity to polio is only acceptable if the lab test shows immunity to all three serotypes and was done before September 2019). For more information, talk to your child’s health care provider, call **311**, or visit [nyc.gov/health](http://nyc.gov/health) and search for **student vaccines**.

Vaccinations	Child Care, Head Start, Nursery, 3-K or Pre-Kindergarten	Kindergarten to Grade 5	Grades 6 to 11	Grade 12
Diphtheria, tetanus and pertussis (DTaP)	Four doses	Five doses (or four doses only if the fourth dose was received at age 4 or older, or three doses only if the child is age 7 or older and the series was started at age 1 or older)	Three doses	
Tetanus, diphtheria and pertussis (Tdap) booster			One dose (required at age 11 or older when entering grades 6 to 12 and in compliance until age 11)	
Polio (IPV, or OPV if before April 1, 2016)	Three doses	Four doses (or three doses if the third dose was received at age 4 or older)		
Measles, mumps and rubella (MMR)	One dose	Two doses		
Hepatitis B	Three doses	Three doses	Three doses (or two doses of the adult hepatitis B vaccine, Recombivax HB, if the doses were received at least four months apart between ages 11 and 15)	
Varicella (chickenpox)	One dose	Two doses		
Meningococcal conjugate (MenACWY)			Grade 6: Not applicable Grades 7 to 11: One dose	Grade 12: Two doses (or one dose if the first dose was received at age 16 or older)
<i>Haemophilus influenzae</i> type b conjugate (Hib)	One to four doses (depending on the child’s age and doses they previously received)			
Pneumococcal conjugate (PCV)	One to four doses (depending on the child’s age and doses they previously received)			
Influenza (flu)	One dose			

Cheryl Lawrence, MD, FAAP  
Medical Director

Junio de 2024

Oficina de Salud Escolar

30-30 47th Ave.  
Long Island City, NY 11101

Estimado padre o tutor:

La Ciudad de Nueva York actualizó los requisitos de vacunación para el año escolar 2024-2025. Esta carta incluye una lista de los requisitos de vacunación para el año escolar 2024-2025. Las vacunas protegen a los niños ante el contagio y la transmisión de enfermedades, y son obligatorias 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.

**Todos los estudiantes, desde los programas de cuidado infantil hasta 12.º grado** deben cumplir con los requisitos de vacunación contra difteria, tétanos y tos ferina (DTaP); polio (IPV o OPV, aunque OPV no cuenta si se recibió después del 1 de abril de 2016); sarampión, paperas y rubéola (MMR); varicela y hepatitis B.

**Los estudiantes menores de cinco años inscritos en programas de cuidado infantil y prekínder** también deben cumplir con los requisitos de vacunación contra la influenza o gripe (a más tardar el 31 de diciembre de 2024, pero preferiblemente tan pronto esté disponible en el otoño); al igual que la vacuna Hib (Haemophilus influenza tipo b) y la PCV (vacuna antineumocócica conjugada). **Los estudiantes de 6.º a 12.º grado** también deben tener el refuerzo de la vacuna contra el tétanos, la difteria y la tos ferina (Tdap), y la vacuna conjugada contra el meningococo (MenACWY).

Las pruebas de sangre que comprueben inmunidad contra el sarampión, paperas y rubeola (MMR), la varicela o la hepatitis B también satisfacen los requisitos (las de inmunidad contra el polio solo se aceptan si las pruebas demuestran inmunidad contra todos los serotipos, es decir tipo 1, 2 y 3, y se realizaron antes de septiembre de 2019).

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

**Nota:** Si su hijo recibió dosis de vacunas antes de la edad mínima (demasiado temprano), estas no cuentan para satisfacer el número de dosis necesarias.

Si tiene preguntas sobre estos requisitos de vacunación para el año 2024-2025, comuníquese con la oficina administrativa de la escuela o el centro de cuidado infantil de su hijo.

Atentamente,



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

**Año escolar 2024-2025 — ¿Su hijo cumple con todos los requisitos para la escuela o el programa de cuidado infantil? Obtenga información sobre los requisitos de vacunación en la Ciudad de Nueva York.**

En la Ciudad de Nueva York, todos los estudiantes de 2 meses a 18 años deben contar con las vacunas que figuran más abajo para asistir a la escuela o un programa de cuidado infantil. Consulte los requisitos de vacunación de su hijo según el grado que vaya a cursar este año escolar. La tabla de más abajo indica el número de dosis válidas requeridas. 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 (no son válidas), es posible que requiera vacunas o dosis adicionales. La vacuna OPV no cuenta si la recibió después del 1 de abril de 2016. Las pruebas de sangre que comprueben inmunidad contra el sarampión, las paperas, la rubeola, la varicela o la hepatitis B también satisfacen los requisitos (las de inmunidad contra el polio solo se aceptan si demuestran inmunidad contra los tres serotipos y si se realizaron antes de septiembre de 2019). Para obtener más información, hable con el médico de su hijo, llame al **311**, o visite [nyc.gov/health](http://nyc.gov/health) y busque **student vaccines** (vacunas para estudiantes).

Vacunas	Cuidado Infantil, Head Start, guardería, 3-K o prekínder	De kínder a 5.º grado	De 6.º a 11.º grado	12.º grado
<b>Difteria, tétanos y tos ferina (DTaP)</b>	<b>Cuatro dosis</b>	<b>Cinco dosis</b> (o <b>cuatro dosis</b> solo si la cuarta dosis fue administrada de los 4 años en adelante, o <b>tres dosis</b> solo si el estudiante tiene 7 años y el ciclo de vacunación inició del primer año en adelante)	<b>Tres dosis</b>	
<b>Vacuna de refuerzo de tétanos, difteria y tos ferina (Tdap)</b>			<b>Una dosis</b> (obligatoria de los 11 años en adelante para estudiantes que comienzan grados de 6.º a 12.º y de conformidad hasta dicha edad)	
<b>Polio (IPV o OPV si se recibió antes del 1 de abril de 2016)</b>	<b>Tres dosis</b>	<b>Cuatro dosis</b> (o <b>tres dosis</b> si la tercera dosis fue administrada de los 4 años en adelante)		
<b>Sarampión, paperas y rubeola (MMR)</b>	<b>Una dosis</b>	<b>Dos dosis</b>		
<b>Hepatitis B</b>	<b>Tres dosis</b>	<b>Tres dosis</b>	<b>Tres dosis</b> (o <b>dos dosis de la vacuna de la hepatitis B para adultos</b> , Recombivax HB, si transcurrieron por lo menos cuatro meses entre cada dosis, entre los 11 y 15 años)	
<b>Varicela (<i>chickenpox</i>)</b>	<b>Una dosis</b>	<b>Dos dosis</b>		
<b>Vacuna conjugada contra el meningococo (MenACWY)</b>			<b>6.º grado:</b> No corresponde <b>De 7.º a 11.º grado:</b> Una dosis	<b>12.º grado:</b> <b>Dos dosis</b> (o <b>una dosis</b> si la primera dosis se recibió de los 16 años en adelante)
<b>Vacuna Haemophilus influenzae tipo b (Hib) conjugada</b>	<b>De una a cuatro dosis</b> (dependiendo de la edad del estudiante y de las dosis que haya recibido previamente)			
<b>Vacuna antineumocócica conjugada (PCV)</b>	<b>De una a cuatro dosis</b> (dependiendo de la edad del estudiante y de las dosis que haya recibido previamente)			
<b>Influenza (gripe)</b>	<b>Una dosis</b>			



# SEPTEMBER 2024

## 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 2024-2025, the previous version of the CH205 form produced from the Online Registry will continue to be accepted by all NYC Public Schools, center-, school- and home-based care, child care, and after-school programs until it is replaced by the new version.

#### Required Screening for Child Care Only

Screening	Required Information
Anemia Screening	Hematocrit or Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none"> <li>All children under age 6 years must be assessed annually for lead exposure.</li> <li>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.</li> <li>For more information, call the Lead Poisoning Prevention Program at 311, or visit <a href="https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf</a></li> </ul>

#### IMMUNIZATION REQUIREMENTS 2024-25

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 vaccines listed in the Full Compliance table. 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 CDC Advisory Committee on Immunization Practices (ACIP), "catch up" schedule ([CDC catch-up schedule](#)) for the child to be considered "in process" and remain in school. If a child does not receive subsequent doses of vaccine at appropriate intervals and according to the ACIP, the child is no longer in process and must be excluded from school within 14 days after the minimum interval identified by the [CDC 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/Tdap) <sup>2</sup>	One dose DTaP or DTP	<u>Grades K-5:</u> One dose DTaP, DTP; or Tdap (ages 7 years or older) <u>Grades 6-12:</u> one dose of Tdap
Polio vaccine (IPV/OPV) <sup>1,4</sup>	One dose	One dose
Measles, mumps, and rubella vaccine (MMR) <sup>1,5</sup> On or after the first birthday	One dose	One dose
Hepatitis B (HepB) vaccine <sup>1,6</sup>	One dose	One dose
Varicella (chickenpox) vaccine <sup>1,7</sup> On or after the first birthday	One dose	One dose
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup> Grades 7 through 12		One dose
<i>Haemophilus influenzae</i> type b conjugate vaccine (Hib) <sup>9</sup> Through age 59 months (up until the 5 <sup>th</sup> birthday)	One dose	
Pneumococcal conjugate vaccine (PCV) <sup>10</sup> Through age 59 months (up until the 5 <sup>th</sup> birthday)	One dose	
Influenza <sup>11</sup> 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	

## 2024–25: FULL COMPLIANCE

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

For all settings and grades (child care, head start, nursery, 3K, pre-K-12), intervals between doses of vaccine should be in accordance with the CDC-recommended schedule for children 18 years or younger. Only doses received within 4 calendar days of the recommended minimum age or interval are valid and count (4-day grace period). The 4-day grace period does not apply to the recommended 28-day minimum interval between a dose of MMR and varicella vaccine. Refer to the footnotes for dose requirements and specific information about each vaccine, including other exceptions to the 4-day grace period. 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 [CDC 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/Tdap/Td) <sup>2</sup> <small>Footnote explains vaccine type by age</small>	4 doses	5 doses or 4 doses if the fourth dose was received at age 4 years or older or 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) <sup>3</sup>		Not Applicable	1 dose
Polio vaccine (IPV/OPV) <sup>1,4</sup>	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older	
Measles, mumps, and rubella vaccine (MMR) <sup>1,5</sup>	1 dose	2 doses	
Hepatitis B (HepB) vaccine <sup>1,6</sup>	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB <sup>®</sup> ) for children who received the doses at least 4 months apart between the ages of 11 through 15 years
Varicella (chickenpox) vaccine <sup>1,7</sup>	1 dose	2 doses	
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>		Not Applicable	Grades 7, 8, 9, 10 and 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 vaccine (Hib) <sup>9</sup>	1 to 4 doses	Not Applicable	
Pneumococcal conjugate vaccine (PCV) <sup>10</sup>	1 to 4 doses	Not Applicable	
Influenza <sup>11</sup>	1 dose	Not Applicable	

For more information contact: 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  
New York State Department of Health, Bureau of Immunization: 518-473-4437

- 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 was received before the first birthday, then four total doses are required to complete the series. If the first dose of DTaP/DTP 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 6-10 (the 4-day grace period does not apply); 7 years for grades 11 and 12)**
  - Children ages 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
  - Children without Tdap who are age 10 years upon entry to 6<sup>th</sup> 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 2d).
  - In school year 2024-2025, only doses of Tdap (or DTaP) given at age 10 years or older will satisfy the Tdap requirement for grades 6-10. However, doses of Tdap (or DTaP) given at age 7 years or older will satisfy the requirement grades 11 and 12.
  - DTaP should NOT be used on or after the 7<sup>th</sup> 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 children who received their fourth dose before age 4 years: if the 4<sup>th</sup> dose was prior to August 7, 2010, four doses separated by at least four weeks (28 days) 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 (tOPV).
- 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 four weeks (28 days) after the first dose to be considered valid.
  - Children 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<sup>®</sup>) 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 four weeks (28 days) after the first dose to be considered valid.
  - For children younger than age 13 years, the recommended minimum interval between doses is three months; four weeks (28 days) after the first dose is valid (the 4-day grace period does NOT apply).
  - For children aged 13 years and older, the recommended minimum interval between doses is four weeks (28 days) (the 4-day grace period applies).
- Meningococcal Vaccine (MenACWY) -- (Minimum age: 10 years for grades 7-11 (the 4-day grace period does not apply); 2 months for grade 12)**
  - Children 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.
  - Children 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 2024-2025, only doses of MenACWY given at 10 years or older satisfy the requirement for grades 7-11; doses given before 10 years will satisfy the requirement for the first dose for grade 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.
- 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 (28 days) 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.
- Influenza Vaccine -- (Minimum age: 6 months)**
  - 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 CDC ([cdc.gov/flu](http://cdc.gov/flu)) or NYC Department of Health ([www.nyc.gov/health/flu](http://www.nyc.gov/health/flu))



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

<b>Current Age</b>	<b>Vaccination History</b>	<b>Additional Doses Required*</b>	<b>Total Number of Doses Required</b>
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**

<b>Current Age</b>	<b>Vaccination History</b>	<b>Additional Doses Required*</b>	<b>Total Number of Doses Required</b>
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		



# Fight Flu

## at Home and School

Influenza (flu), spreads easily and can make people very sick, especially kids. You can help stop flu!

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### Flu symptoms include:

Fever or chills, body aches, cough, sore throat, headache, runny or stuffy nose, feeling very tired. Some people, especially children, may have stomach problems and diarrhea. Unlike a cold, the flu comes on very suddenly.

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### Prevent flu!

- Flu vaccine is the best protection against the flu. It is recommended every year for everyone 6 months and older.
- Get the flu vaccine for you and your children every year! It helps make flu sickness milder or prevents it altogether.
- Getting the vaccine early in the fall means you and your children will be protected when flu season starts.
- Make sure people close to your children, like babysitters and relatives, are also vaccinated.
- The vaccine is especially important for people with certain medical conditions like asthma, diabetes, and heart or lung disease, because the flu can make them even sicker.

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### If your child gets the flu:

- Your child will need plenty of rest and lots of fluids.
- Keep your child home from school for at least 24 hours after their fever is gone without using fever-control medicine. This helps avoid giving the flu to others.
- Talk with your child's health care provider before giving a child any over-the-counter medicine.
- Never give your child or teenager aspirin or any medicine that has aspirin in it. Aspirin can cause serious problems for children and teens.
- Young children and those with certain medical conditions, like asthma, diabetes, and heart or lung disease, are at greater risk for getting seriously ill from the flu.
- If your child gets flu symptoms and is younger than 5 or has a medical condition, call their health care provider and ask about antiviral treatment.
- If you are worried about your child, call their health care provider.

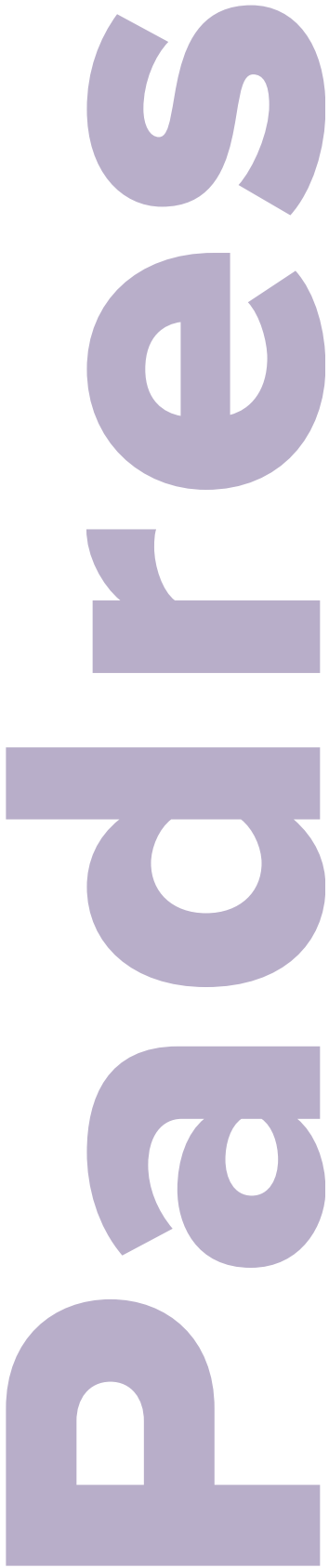
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### Don't spread flu!

- Wash hands often with soap and water for at least 20 seconds.
- If soap and water aren't handy, use an alcohol-based hand rub.
- Cough or sneeze into a tissue or your elbow, not your hands. Put used tissues in the trash.
- Avoid touching your eyes, nose, and mouth. That's how germs spread.
- Stay away from people who are sick.

[health.ny.gov/flu](http://health.ny.gov/flu)





# Combatan la gripe en casa y en la escuela

La gripe, o influenza, se contagia fácilmente y puede hacer que las personas se enfermen mucho, en especial los niños. ¡Ustedes pueden ayudar a prevenir la gripe!

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## Los síntomas de la gripe incluyen:

Fiebre o escalofríos, dolores corporales, tos, dolor de garganta, dolor de cabeza, congestión nasal o mocos, y mucho cansancio. Algunas personas, en especial los niños, pueden tener problemas estomacales y diarrea. A diferencia de un resfrío, la gripe se manifiesta repentinamente.

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## ¡Prevenzan la gripe!

- La vacuna contra la gripe es la mejor protección. Se recomienda administrarla todos los años para todas las personas de 6 meses de edad o más.
- ¡Vacúnense y vacunen a sus hijos contra la gripe todos los años! La vacuna ayuda a disminuir los síntomas de la gripe o a prevenirla directamente.
- Vacunarse al comienzo del otoño significa que ustedes y sus hijos estarán protegidos cuando comience la temporada de gripe.
- Pídanles a las personas cercanas a sus hijos, como las niñeras y los familiares, que también se vacunen.
- La vacuna es de particular importancia para las personas con ciertas condiciones médicas, como asma, diabetes y condiciones cardíacas o pulmonares, ya que la gripe puede empeorar su condición.

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## Si sus hijos contraen gripe:

- Necesitarán mucho reposo e ingerir muchos líquidos.
- Mantengan a sus hijos en casa para que no asistan a la escuela durante al menos 24 horas luego de que la fiebre haya desaparecido sin usar medicamentos antifebriles. Esto ayuda a evitar el contagio de la gripe a otros.
- Hablen con el proveedor de atención médica de sus hijos antes de darles a sus hijos cualquier medicamento de venta libre.
- Nunca les den a sus hijos pequeños o adolescentes una aspirina ni ningún medicamento que contenga aspirina. La aspirina puede causar problemas graves.
- Si sus hijos menores de 5 años o con alguna condición médica como asma, diabetes o condiciones cardíacas o pulmonares presentan síntomas gripales, llamen al proveedor de atención médica de sus hijos. Los niños pequeños y los que tienen ciertas condiciones médicas tienen mayor riesgo de enfermarse gravemente con gripe. Pregúntenle al proveedor de atención médica de sus hijos si recomienda un medicamento antiviral.
- Si están preocupados por sus hijos, llamen a su proveedor de atención médica.

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## ¡No contagien la gripe!

- Lávense las manos a menudo con jabón y agua durante al menos 20 segundos.
- Si no tienen jabón y agua disponibles, usen un desinfectante de manos a base de alcohol.
- Tápense con un pañuelo desechable o con el codo al toser o estornudar; no se tapen con las manos. Tiren el pañuelo desechable en la basura después de usarlo.
- Eviten tocarse los ojos, la nariz y la boca. Así es como se contagian los gérmenes.
- Aléjense de las personas enfermas.

[health.ny.gov/flu](https://health.ny.gov/flu)



# All children 6 months to 5 years old enrolled in child care **must** receive influenza vaccine by **December 31**.



## The influenza vaccine benefits your whole family:

- Your child will be protected from serious illness caused by influenza.
- You'll be less likely to miss work because your child is sick from influenza.
- Vaccinating your child helps stop influenza from spreading in your home and in the community and protects vulnerable groups, like the elderly.

Make an appointment with your child's health care provider or call 311 to find a location to be vaccinated. Visit [nyc.gov/flu](https://nyc.gov/flu) for more information.

*The New York City Health Department recommends that everyone six months old and older get an influenza vaccine every year.*



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



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

**INSTRUCTIONS FOR THE REQUESTING MEDICAL PROVIDER**

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

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

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

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

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

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

I am the student's treating health care practitioner:

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

**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

<b>Confirmed immunity</b>	<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
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Reviewed by \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_





**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 12<sup>th</sup> 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 12<sup>th</sup> 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](mailto:SPECED@nysed.gov) or to the appropriate [Special Education Quality Assurance Regional Office](#), [SEQA@nysed.gov](mailto: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.



**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](#) and on [June 22, 2019](#). The Department of Health filed emergency regulations on August 16, 2019 to implement the statutory amendments to the Public Health Law and adhere to the legislative intent of the statutory amendments, which is to protect the public health. This guidance is intended to assist schools in implementing the statutory and regulatory amendments.

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

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

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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 to not more than 30 days 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.

### **I. All Students**

#### **A. Application of Statute.**

**(1) Does this apply to students attending an independent preschool?**

Yes.

**(2) Does this apply to students attending approved State-operated and State-supported schools, approved private residential and non-residential schools for the education of students with disabilities, and Special Act School Districts?**

Yes.

Students placed by a Committee on Special Education (CSE) on a day or residential basis in one of these settings must comply with the mandatory vaccination laws.

Students placed residentially by a State Agency, Court, or Local Social Services District in a childcare institution with an affiliated approved private residential school or Special Act School District must comply with mandatory vaccination laws.

**(3) Does this apply to students who are receiving homebound instruction, commonly referred to as home/hospital-instruction (students who are receiving homebound instruction are not the same as students who are homeschooled under [8 NYCRR §100.10](#))?**

Yes. Homebound instruction is a form of tutorial services, provided to public or nonpublic students, by the public school district of residence. These services are provided to students who are unable to attend their public or nonpublic school because of physical, mental, or emotional illness or injury.

**(4) When are schools required to assess compliance with the immunization requirements for students participating in interscholastic athletics whose season commences in August 2019?**

For students participating in interscholastic athletics in August 2019, schools can consider the beginning of the academic year to be the start of the 14-day time period. For students not attending year-round instruction, the 14-day time period commences on the first day of instruction for the school year (July for students attending summer school or September for students not attending summer school) or first enrollment during the school year. See FAQ issued on June 22, 2019.

**(5) If a parent chooses not to vaccinate his/her child, what are the options for the child's education in New York?**

Parents who choose not to vaccinate their children, and whose children do not have a valid medical exemption, still must ensure that children of compulsory school age are educated and, thus, would need to provide home instruction (“homeschooling”) for those children.

Information regarding compulsory school age is available here:

<http://www.p12.nysed.gov/ss/lawsregs/>.

B. Homeschooled Students (8 NYCRR §100.10)

**(1) If I provide homeschooling for my child, will he or she be allowed to attend State tests (e.g. 3-8 State assessments, Regents examinations) held at the school if he/she is not immunized?**

No. Only those students who have been vaccinated consistent with Public Health Law §2164 or have a valid medical exemption will be allowed to take such examinations at the school.

**(2) May groups of parents provide homeschooling collectively by engaging the services of a tutor to provide group instruction to their children?**

Parents providing homeschooling to their child may arrange to have their child instructed in a group situation for particular subjects but not for a majority of the home instruction program. Where groups of parents organize to provide group instruction by a tutor for a majority of the instructional program, they are operating a nonpublic school and are no longer providing home instruction.

**(3) Can a homeschooled student who is not immunized audit or intermittently attend some classes at a nonpublic school without the required immunizations?**

No. Homeschooled students who are not immunized consistent with Public Health Law §2164 or who do not have a valid medical exemption cannot audit or intermittently attend some classes at a nonpublic school.

**(4) Can students who are not immunized and do not have a valid medical exemption be transported using school transportation with other students?**

No, students who have not been immunized consistent with the requirements of Public Health Law §2164 and do not have a valid medical exemption may not be transported on a school bus or vehicle with other students.

**(5) If a school district provides bus transportation to students attending another school (i.e., a nonpublic school), is the school district that provides the bus transportation responsible for ensuring that the students from other schools have all their required immunizations?**

No. Each school arranging for bus transportation through their school district of location is responsible for ensuring that the children enrolled in or attending such school receive the required immunizations or valid medical exemptions in accordance with the law.

## II. STUDENTS WITH DISABILITIES



**A. Are students with disabilities who have not been immunized entitled to special education services?**

Parents who choose not to vaccinate a student with a disability must still ensure that children of compulsory school age are educated and, thus, would need to provide homeschooling for those children. Where students with disabilities are provided homeschool instruction under [8 NYCRR §100.10](#), such students are eligible to receive special education services from their school district. Under Education Law §3602-c(2-c), these students are entitled to receive special education services in accordance with an individualized education services program (IESP) from the public school district in which the home school is located. Where the student is educated at home, the school district of location is the same as the student's school district of residence.

**B. Is it considered a change in placement when a student with a disability, who previously attended public school under a non-medical exemption from vaccination requirements, is now being homeschooled because the student does not meet vaccination requirements under State law?**

No. It is not considered a change in placement when a student with a disability who previously attended public school under a non-medical exemption from vaccination requirements is now being homeschooled solely because the student does not meet the vaccination requirements under Public Health Law §2164.

**C. What are the requirements for a homeschooled child to receive special education services?**

To be eligible to receive special education services, a homeschooled student must:

- be entitled to attend the public schools without payment of tuition pursuant to Education Law §3202(1); and
- have an individualized home instruction plan that the superintendent of schools of the school district in which the homeschool is located has determined to be in compliance with §100.10 of the Regulations of the Commissioner of Education.

**D. What is the difference between an IESP and an individualized education program (IEP)?**

For homeschooled students who are students with disabilities, the committee on special education (CSE) would develop an individualized education services program (IESP) for the student. An IESP is developed in the same manner as an IEP, but an IESP is developed in consideration of the parents' decision to educate their child at home.

**E. Where are special education services provided to homeschooled students with an IESP?**

A board of education determines the location where special education services will be made available to homeschooled students, which could include delivery of services by school staff or contractors in the child's home, on school property or at another location. However, for a homeschooled student's special education services to be delivered at a public, private or parochial school, the child must either be immunized consistent with Public Health Law §2164(7) or have a valid medical exemption in order to receive special education services in a school setting.

Students who are not immunized and do not have a valid medical exemption could receive their special education services in their home or at another location (e.g. therapy provider's office; or public gathering sites that are open and accessible to the general public, such as community centers).

If special education services are provided at a location other than the student's home the district would remain responsible for providing transportation. (See also Section I.(A), Question #4: "[S]tudents who have not been immunized consistent with the requirements of Public Health Law §2164 and do not have a valid medical exemption may not be transported on a school bus with other students.")

**F. What is the deadline for parents of homeschooled students to submit a written request for special education services?**

For homeschooled students who are students with disabilities, the parent must request special education services in writing to the board of education of the school district of location by June 1 preceding the school year for which the request for services is made. However, for a student who is first identified as a student with a disability after the first day of June preceding the school year for which the request is made and prior to the first day of April of such current school year, the parent must submit the written request for services within 30 days after the student was first identified. A request may also be submitted within 30 days of a change in the student's school district of residence.

**G. Are there any exceptions to the June 1 deadline for requesting services?**

If a parent does not file a written request by June 1, nothing prohibits a school district from exercising its discretion to provide services subsequently requested for a student, provided that such discretion is exercised equally among all students with disabilities who file after the June 1 deadline. For the 2019-20 school year, school districts are encouraged to honor parent requests for special education services for homeschooled children who may be impacted by the repeal of religious exemptions to vaccination requirements.

**H. What options do parents have if they disagree with the recommendations on an IESP?**

Parents of homeschooled students with disabilities who disagree with the IESP recommendation of the CSE would be entitled to the due process procedures set forth in Education Law §4404.

**I. Can parents of homeschooled children choose which services they want their child to receive or must parents accept all or none of the services recommended on an IESP?**

Parents must submit a request in writing if they want special education services provided to their child. Unless otherwise indicated, the parent's written request is for all services on the IESP. However, a parent could request that only specific services be provided (e.g., speech therapy). The school district should maintain documentation of the parent's request.

**III. PRESCHOOL STUDENTS WITH DISABILITIES**

**A. Does Chapter 35 of the Laws of 2019 apply to students attending preschool special education programs approved pursuant to §4410 of NYS Education Law?**

Yes.

**B. If a parent chooses not to immunize a preschool child, does this impact the preschool special education services that the child may receive?**

Preschool students with disabilities continue to be entitled to special education programs and services through an IEP developed by the committee on preschool special education (CPSE). The IEP will identify the location where special education services will be provided to preschool students with disabilities.

If the CPSE recommends special education services that can only be delivered in an approved preschool special education program, the child must either be immunized consistent with Public Health Law §2164 or have a valid medical exemption in order to attend or be admitted to that program and receive those special education services.

**C. What options do parents have if they disagree with the recommendations on an IEP?**

Parents of preschool students with disabilities who disagree with the IEP recommendation of the CPSE would be entitled to the due process procedures set forth in Education Law §4404.



**Department  
of Health**

**State Education  
Department**

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## **Additional Frequently Asked Questions About School Vaccination Requirements**

October 4, 2019

Definitions for school vaccination requirements can be found at:

<https://regs.health.ny.gov/volume-1a-title-10/content/section-66-11-definitions>

### **What vaccines are due within the first 14 days of school?**

Children must receive all first age/grade level appropriate doses, or overdue follow-up doses if they already received prior doses in a series, within 14 days of the from the first day of instruction for the school year , 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>

### **When should a child who has received at least the first dose of all required immunization series be excluded?**

Schools may permit a child who has received at least the first dose of all required immunization series to attend school so long as the child remains “in process.” A child must receive the subsequent dose of each vaccine series within 14 days after the minimum interval identified by the ACIP catch up schedule, or the child is no longer in process.

For example, a child receives their first dose on September 18, 2019 (Day 0), and is not due for the next dose for 28 days following the first dose (October 16, 2019, Day 28). The child is due for the next dose on October 16, 2019. October 16 is the date of the “missed dose.” A child must receive the subsequent dose of each vaccine series within 14 days after the minimum interval identified by the ACIP catch up schedule (October 16 - October 30, 2019). If the child has still not received the subsequent dose, the child is over-due and no longer “in process” on October 31.

### **Can a child get multiple live vaccine immunizations on the same day?**

Yes. Multiple live vaccines may be given on the same day. In the case of live vaccines, however, a child should wait 28 days after one live vaccine administration before receiving a different live vaccine, if the vaccines were not given on the same day. The child remains in

process during these 28 days. This exception only applies to live vaccines (MMR, MMRV, or Varicella).

### **What timeframe is required for follow-up doses of vaccines?**

Children who are not fully immunized can only continue to attend school if they are in the process of completing the immunization series based on the Advisory Committee on Immunization Practices Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. *If a child does not receive subsequent doses of vaccine in an immunization series according to the age appropriate ACIP catch-up schedule, including at appropriate intervals, the child is no longer in process and should be excluded from school within 14 days after the missed dose, if not otherwise exempt in accordance with 10 NYCRR §66-1.3.*

### **Have the rules around the due dates for school vaccines changed this summer?**

No, the due dates for receiving school vaccines have not changed. Vaccines must still be received in accordance with the ACIP schedules. Note that 10 NYCRR §66 1.1 defines “in process” and establishes the due dates for receiving vaccines.

### **Can a child be re-excluded throughout the year for over-due doses?**

Yes. If a child does not receive subsequent doses of vaccine within 14 days after the minimum interval identified by the ACIP catch up schedule, the child is no longer in process.

### **Can a child remain in school so long as they show that they have made appointments for all required follow-up doses?**

Yes. So long as the appointment to receive subsequent doses of vaccine is not later than 14 days after the minimum interval identified by the ACIP catch up schedule.

### **Can a child remain in school so long as they show that they have made appointments for all required follow-up doses spread throughout the school year until June 30, 2020?**

No, not necessarily, because appointments to receive subsequent doses of vaccine must not be later than 14 days after the minimum interval identified by the ACIP catch up schedule.

### **When a parent has a good faith belief that a child is immunized against a disease but there is no acceptable evidence of immunity, what should the school do?**

When there is no acceptable evidence of immunity, serologic tests may be requested for the following disease: measles, mumps, rubella, varicella, and hepatitis B. (Serologic tests for all three types of polio that were submitted to a school prior to September 1, 2019, are acceptable evidence of the child’s immunization against polio, but serologic tests for polio can no longer be

requested to provide evidence of immunization against polio.) Laboratory confirmation of disease may be requested for measles, mumps, rubella, or varicella. Such positive serologic tests or laboratory confirmation of disease are acceptable evidence of the child's immunization. Children lacking evidence of immunity to DTaP, Tdap, polio or (for applicable grades) meningococcal disease, *Haemophilus influenzae* type B disease or pneumococcal disease will need to complete the vaccination series even if the parents believe the child may have previously been immunized against these diseases, unless the child has a medical exemption to those vaccines.

### **When is a child who is obtaining serologic tests “in process”?**

A child who is obtaining serologic tests is in process within 14 days of when such testing is requested. The school may permit the child to attend school so long as the child receives a positive serologic test (for measles, mumps, rubella, varicella, or hepatitis B), or laboratory confirmation of disease (for measles, mumps, rubella, or varicella) within 14 days.

### **What if the serologic test or laboratory confirmation of disease test is negative?**

When a serologic test or laboratory confirmation of disease test is negative or equivocal, the school must notify the parent or guardian of the child to complete, or begin completion, of the immunization series for all disease which test negative. The child must provide the school with a certificate of immunization documenting that the child has been vaccinated as indicated in the ACIP Child and Adolescent Immunization Schedule for ages 18 years or younger within 30 days of notification of the parent/guardian to complete, or begin completion, of the immunization series. A principal or person in charge of a school shall not admit a child to school unless the school has been furnished with a certificate of immunization or documentation that the child is in process. If a child does not receive doses of vaccine in an immunization series according to the ACIP schedule, including at appropriate intervals, the child is no longer in process and may be excluded from school within 14 days of the missed dose.

### **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 appointments for required follow-up doses within 14 days after the minimum interval identified by the ACIP catch-up schedule. 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 in accordance with the ACIP catch-up schedule. *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.*

### **Does my child have until June 30, 2020 to catch up on all required vaccinations?**

No. A child must receive the subsequent dose of each vaccine series within 14 days after the minimum interval identified by the ACIP catch up schedule, or the child is no longer in process.

**Can a child remain in school while a medical exemption is under review?**

A child who has submitted a medical exemption within the first 14 days of school may attend school while the medical exemption is being reviewed. A valid medical exemption:

- Is submitted on a signed, completed medical exemption form issued by NYSDOH or NYC Department of Education;
- Specifies which immunizations may be detrimental to the child's health;
- Contains sufficient information to determine if a medical contraindication to a specific immunization exists; and
- Specifies the length of time the immunization is medically contraindicated.

The principal or person in charge of the school may require additional information supporting the exemption. Medical exemptions must be reissued annually.



# MEDICAL REQUEST FOR IMMUNIZATION EXEMPTION



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 5<sup>th</sup> 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:

							For children up to the 5 <sup>th</sup> birthday			
<input type="checkbox"/> DTaP	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> MMR	<input type="checkbox"/> Varicella	<input type="checkbox"/> MenACWY	<input type="checkbox"/> PCV	<input type="checkbox"/> Hib	<input type="checkbox"/> Influenza

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## 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** \_\_\_/\_\_\_/\_\_\_\_\_



# 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: \_\_\_\_\_



Warning Notice: Missing Immunization Records

Form with fields: Child's Name, Date, Child's OSIS Number, School DBN, Grade/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.

Table with 3 columns: Vaccines (Missing Vaccines Are Checked), Dose Number Needed, Health Care Provider Notes\*. Rows include DTP, Tetanus, Polio, MMR, Hepatitis B, Varicella, Meningococcal conjugate, Hib, PCV, and Influenza.

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

Form with fields: Principal's Name, School Phone



Notice of Exclusion From School Due To Incomplete Immunization Record

Form with fields: 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.

Table with 3 columns: Vaccines (Missing Vaccines Are Checked), Dose Number Needed, Health Care Provider Notes. Rows include DTaP, Tdap, Polio, MMR, Hepatitis B, Varicella, MenACWY, Hib, PCV, and Influenza.

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

Form with fields: Principal's Name, School Phone

## 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](http://www.counsel.nysed.gov/appeals)

Sincerely,

\_\_\_\_\_  
(Principal Name)



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
<b>HEARING SCREENING:</b>														
Pure Tone	X	X	X		X		X		X				X	
<b>SCOLIOSIS SCREENING</b>														
Boys											X			
Girls							X		X					
<b>VISION SCREENING</b>														
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.

# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

## TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

**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/m<sup>2</sup>

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

**Hyperlipidemia:**  Yes  Not Done      **Hypertension:**  Yes  Not Done

### PHYSICAL EXAMINATION/ASSESSMENT

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Lead Level</b> Required for PreK & K
TB-PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$
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*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

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





TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name, First Name, Middle Name, Sex, Date of Birth, Child's Address, City/Borough, State, Zip Code, School/Center/Camp Name, District Number, Phone Numbers, Health insurance, Parent/Guardian Last Name, First Name, Email

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history, Allergies, Attach MAF if in-school medications needed, Does the child/adolescent have a past or present medical history of the following?, Medications

PHYSICAL EXAM, Date of Exam, General Appearance, Describe abnormalities

DEVELOPMENTAL, Nutrition, Hearing, Vision, Acuity, Dental, Describe Suspected Delay or Concern, Child Receives EI/CPSE/CSE services

IMMUNIZATIONS - DATES, DTP/DTaP/DT, Polio, Hep B, Hib, PCV, Influenza, HPV, MMR, Varicella, Mening ACWY, Hep A, Rotavirus, Mening B, Other, IgG Titers, Date

ASSESSMENT, Well Child (Z00.129), Diagnoses/Problems (list), ICD-10 Code, RECOMMENDATIONS, Full physical activity, Restrictions (specify), Follow-up Needed, Referral(s)

Health Care Practitioner Signature, Date Form Completed, Health Care Practitioner Name and Degree (print), Practitioner License No. and State, Facility Name, National Provider Identifier (NPI), Address, City, State, Zip, Telephone, Fax, Email, DOHMH ONLY PRACTITIONER I.D., TYPE OF EXAM, Date Reviewed, REVIEWER, FORM ID#

# 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	Cyclosporiasis	Hospital associated infections (as defined in section 2.2 10NYCRR)	<b>C</b> Poliomyelitis	Streptococcal infection (invasive disease) <sup>5</sup>
Amebiasis	<b>C</b> Diphtheria	Influenza, laboratory-confirmed	Psittacosis	Group A beta-hemolytic strep
<b>C</b> Animal bites for which rabies prophylaxis is given <sup>1</sup>	E.coli O157:H7 infection <sup>4</sup>	Legionellosis	<b>C</b> Q Fever <sup>2</sup>	Group B strep
<b>C</b> Anthrax <sup>2</sup>	Ehrlichiosis	Listeriosis	<b>C</b> Rabies <sup>1</sup>	Streptococcus pneumoniae
<b>C</b> Arboviral infection <sup>3</sup>	<b>C</b> Encephalitis	Lyme disease	Respiratory syncytial virus (RSV) laboratory-confirmed	<b>C</b> Syphilis, specify stage <sup>7</sup>
Babesiosis	<b>C</b> Foodborne Illness	Lymphogranuloma venereum	Respiratory syncytial virus (RSV) pediatric fatalities	Tetanus
<b>C</b> Botulism <sup>2</sup>	Giardiasis	Malaria	Rocky Mountain spotted fever	Toxic shock syndrome
<b>C</b> Brucellosis <sup>2</sup>	<b>C</b> Glanders <sup>2</sup>	<b>C</b> Measles	<b>C</b> Rubella (including congenital rubella syndrome)	Transmissible spongiform encephalopathies <sup>9</sup> (TSE)
Campylobacteriosis	Gonococcal infection	<b>C</b> Melioidosis <sup>2</sup>	Salmonellosis	Trichinosis
Chancroid	Haemophilus influenzae <sup>5</sup> (invasive disease)	Meningitis	Shigatoxin-producing E.coli <sup>4</sup> (STEC)	<b>C</b> Tuberculosis current disease (specify site)
Chlamydia trachomatis infection	<b>C</b> Hantavirus disease	Aseptic or viral	Shigellosis <sup>4</sup>	<b>C</b> Tularemia <sup>2</sup>
<b>C</b> Cholera	Hemolytic uremic syndrome	<b>C</b> Haemophilus	<b>C</b> Smallpox <sup>2</sup>	<b>C</b> Typhoid
Coronavirus COVID-19 (SARS CoV-2)	Hepatitis A	<b>C</b> Meningococcal	Staphylococcus aureus <sup>6</sup> (due to strains showing reduced susceptibility or resistance to vancomycin)	<b>C</b> Vaccinia disease <sup>9</sup>
<b>C</b> Severe Acute Respiratory Syndrome (SARS)	<b>C</b> Hepatitis A in a food handler	Other (specify type)	<b>C</b> Staphylococcal enterotoxin B poisoning <sup>2</sup>	Varicella (not shingles)
<b>C</b> Middle East Respiratory Syndrome (MERS)	Hepatitis B (specify acute or chronic)	<b>C</b> Meningococemia		Vibriosis <sup>6</sup>
Cryptosporidiosis	Hepatitis C (specify acute or chronic)	<b>C</b> Mpox		<b>C</b> Viral hemorrhagic fever <sup>2</sup>
	Pregnant hepatitis B carrier	Mumps		Yersiniosis
	Herpes infection, infants aged 60 days or younger	Pertussis		
		<b>C</b> Plague <sup>2</sup>		

## 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,
- Report all other diseases promptly to county health department where individual resides.
- In New York City use form PD-16.

## SPECIAL NOTES

- Diseases listed in **bold type** **C** 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 (Stage 3) are reportable on the Medical Provider HIV/AIDS and Partner/Contact Report Form DOH-4189. The form may be obtained by contacting:**  
 Division of Epidemiology, Evaluation and Partner Services  
 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

## ADDITIONAL INFORMATION

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.

## PLEASE POST THIS CONSPICUOUSLY