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# Overview of 2025-26 School Year Immunization Requirements

Public Health Law § 2164

# THE IMPORTANCE OF VACCINES

Vaccines enable children to engage in activities crucial to their development, such as attending school and participating in sports.

Decades of research demonstrate that vaccines:

- Prevent potentially deadly diseases
- Save lives of children and adults



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# OVERVIEW

- Introduction
- Immunization Records: Criteria and Standards
- Timelines: In-Process and Grace Period
- Medical Exemptions and Susceptible List
- Additional Responsibilities: Exclusions and Exceptions
- Annual School Immunization Survey: Review and Updates
- Vaccine Fraud: How to Help Spot it and Stop it
- Immunization Requirements Updates: Tdap and MenACWY
- 2025-26 School Year New York State Immunization Requirements for School Entrance/Attendance Document
- Immunization Worksheets
- New York State Immunization Information System and Citywide Immunization Registry
- Outreach, Education, and Audits
- Resources



# DIVISION OF VACCINE EXCELLENCE

## BUREAU OF SCHOOL IMMUNIZATIONS

**Promoting the health of New York State children by reducing the number of vaccine-preventable diseases**

- Monitors the implementation of immunization requirements in New York State schools and helps guide school coordinators and local health departments on procedures for students to attain and maintain compliance with Public Health Law (PHL) § 2164
- Implements guidance from the Advisory Committee on Immunization Practices (ACIP) Catch-up Schedule
- Performs school immunization audits





# INTRODUCTION



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# YEARLY REQUIREMENTS FOR SCHOOLS\*

\*Public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary schools

- Maintain accessible database of current immunization records for each student
  - In accordance with the Public Health Law (PHL) § 2164 all schools are required to have an up-to-date record for each student currently attending school that shows proof of immunization compliancy and is easily accessible to be presented if selected for audit
- Designate a registered Health Commerce System (HCS) coordinator to complete the required annual School Immunization Survey for grades Pre-K through 12



# **IMPORTANT**

**NO STUDENT IS PERMITTED TO ATTEND SCHOOL FOR MORE THAN 14 CALENDAR DAYS (30 CALENDAR DAYS FOR OUT-OF-STATE, FOREIGN, REFUGEE AND CERTIFIED ASYLEES) AFTER THEIR FIRST DAY OF SCHOOL WITHOUT BEING IN-PROCESS OR UP TO DATE WITH NEW YORK STATE IMMUNIZATION REQUIREMENTS**

# **IMMUNAZTION RECORDS: CRITERIA AND STANDARDS**



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# RECORD REQUIREMENTS FOR SCHOOL ADMISSION

## Acceptable records for students between 2 months and 18 years of age

- Immunization Record
- Serological Evidence or Diagnosis of Certain Diseases
- In-Process
- Medical Exemption

# NEW YORK STATE IMMUNIZATION RECORD

EXAMPLE RECORD

NEW YORK STATE PEDIATRICS  
PATIENT VACCINATION RECORD

SUMMARY (DOES NOT INCLUDE ALL VACCINE TYPES)

Organization: NEW YORK COMMUNITY PHYSICIANS  
Facility: PEDIATRICS  
Date: NOV 23 2022  
Name: JOHN TEST  
Birth Date: MAY 26 2014  
Physician: IAM A SAMPLE, M.D.

Vaccine Group	Date	Date	Date	Date	Date
DtaP/DTP/Td	07/11/2014	01/07/2015	02/10/2015	07/14/2016	07/12/2019
OPV/IPV	07/11/2014	01/07/2015	02/10/2015		
MMR	05/27/2015	09/13/2019			
Hep B	05/30/2014	07/11/2014	02/10/2015		
Varicella	05/27/2015	09/13/2019			
MenACWY					

X



IAM A SAMPLE  
M.D.

A healthcare record is an official document containing all immunizations and the dates on which they were received signed by a New York State licensed practitioner authorized by law to administer immunizations

The law mandates that as of January 1, 2008, all current immunizations administered to children less than 19 years of age, along with their histories, must be entered into the New York State Immunization Information System (NYSIIS) within 14 days of administration



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# OTHER ACCEPTABLE IMMUNIZATION RECORDS

- Electronic records within New York State Immunization Information System (NYSIIS) or Citywide Immunization Registry (CIR)
- Official record from another state
- Electronic immunization record
- Official record from a foreign nation
- An official record from a foreign nation may be accepted as a certificate of immunization without a health practitioner's signature. An unofficial record, such as one issued by a private clinic in another country, could not be accepted unless it was reviewed and signed by a health practitioner licensed in New York State
- School health record
- Record transferred directly from another school is acceptable



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# SEROLOGY/TITER REPORT

## A serology/titer report is evidence of immunity or laboratory confirmation of disease

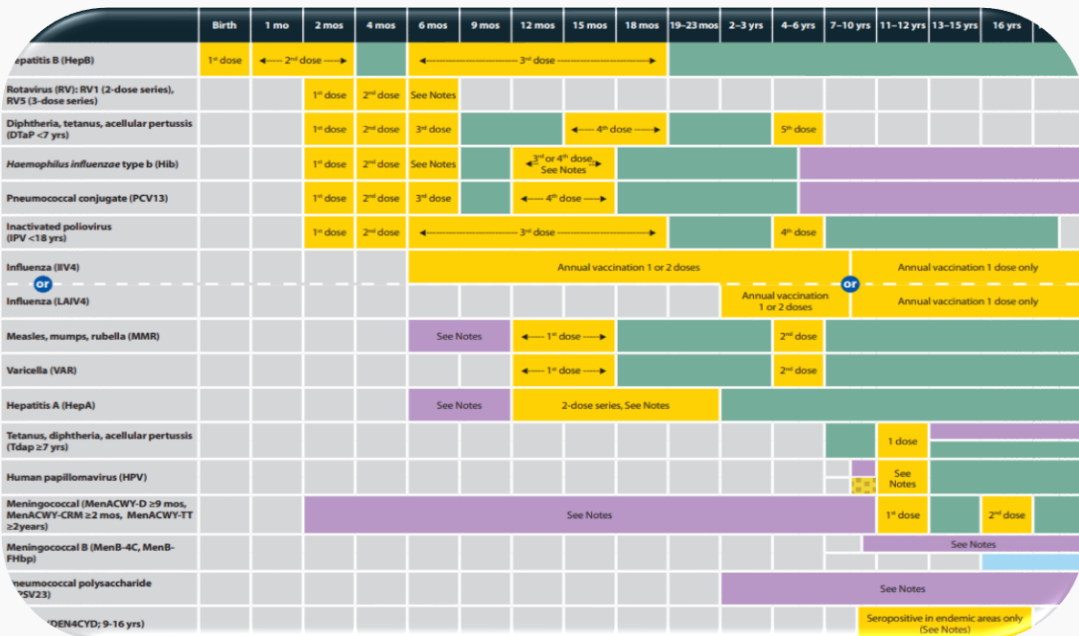
Positive test results (does not include equivocal results) accepted for:

- Measles
- Mumps
- Rubella
- Hepatitis B
- Varicella – Evidence of immunity from being diagnosed with varicella by physician, nurse practitioner, or physician assistant also acceptable
- Polio – Serologic results for polio only allowed if test was performed prior to September 1, 2019, and documentation of results are positive for each of the 3 polio serotypes

# IN-PROCESS

In-process is defined as having received the first catch-up dose for each incomplete series and is currently waiting the minimum interval between doses according to the ACIP catch-up schedule

- The minimum interval on the Advisory Committee on Immunization Practices (ACIP) catch-up schedule must be used when determining appropriate spacing between doses
- Schools may not refuse admission to a child who meets the definition of in-process to complete the required immunizations



Link

# MEDICAL EXEMPTION

Medical exemptions must be completed by New York State licensed physician on the New York State Department of Health form ([DOH-5077](#))

If a New York State licensed physician certifies that an immunization is detrimental to a child's health, the requirement for that immunization is waived until such immunization is no longer detrimental to the child's health (PHL § 2164)



NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Immunization/Division of Epidemiology

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:  

☐ Haemophilus Influenzae type b (Hib)  
☐ Polio (IPV or OPV)  
☐ Hepatitis B (Hep B)  
☐ Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)

☐ Measles, Mumps, and Rubella (MMR)  
☐ Varicella (Chickenpox)  
☐ Pneumococcal Conjugate Vaccine (PCV)  
☐ 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:  
DOH-5077 (6/16)

# **TIMELINES: IN-PROCESS & GRACE PERIOD**



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# IN-PROCESS

- An in-process student must have received the first catch-up dose for each incomplete series and is currently waiting the minimum interval between doses according to the ACIP catch-up schedule
- Appropriate intervals must follow the Centers for Disease Control and Prevention (CDC) ACIP catch-up schedule: [cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html](https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html)

Link

## Child and Adolescent Schedule

Recommended vaccination schedule for ages 18 years or younger



Birth to 18 Years

# IN-PROCESS CALENDAR

## Example: MMR Vaccine

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18 Dose 1 Counts as Day 1	19 In- Process Cannot receive second dose for at least 28 days
20	21	22	23	24	25	26
27	28	29	30			

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Day 28 Can receive second dose tomorrow	16 Dose 2 If not received, now a missed dose	17 Student is overdue and now has 14 days to immunize
18	19	20	21	22	23	24
25	26	27	28	29	30 Final day to immunize before exclusion	31 Student is non- compliant and must be Excluded



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# GRACE PERIOD

Four days may be applied before the appropriate age or interval between vaccine doses in a vaccine series for all required vaccines for school entrance/attendance except for during the interval between two different live viruses\*

**\*Live Virus Interval Exception**

Two different live virus vaccines must be administered at least 28 days apart, otherwise the second dose must be repeated

Required	Not Required
Measles	Ebola
Mumps	FluMist Influenza
Rubella	
Varicella	

# ACCEPTABLE TIMELINE FOR SEROLOGICAL TESTING

- Students are allowed to have serological testing (see slide 12) within 14 days of their first day of attendance
- If results are negative or equivocal, vaccines must be received within 30 days from the notification of negative or equivocal serology results

Studies of evidence show that a child being fully immunized is the best way to prevent the spread of preventable diseases.



# MULTIPLE VACCINES ON SAME DAY

- Scientific data show that receiving several vaccines at the same time is safe
- All required vaccines can be received on the same day, including live vaccines
- CDC Safety, Multiple Vaccines at Once:  
[cdc.gov/vaccine-safety/about/multiples.html](https://www.cdc.gov/vaccine-safety/about/multiples.html)

# STUDENTS OVER THE AGE OF 18

- Although New York State law does not require that students over the age of 18 be fully immunized at this time, we highly recommend that all students attending a New York State school have all required vaccines including those who are 18.
- New York State post-secondary institutions require that students be fully vaccinated against measles, mumps and rubella. Being vaccinated against the meningococcal vaccine is highly recommended.



Immunizations are NOT just for children!  
Adults of all ages need immunizations to  
keep us healthy.

# **MEDICAL EXEMPTIONS & SUSCEPTIBLE LIST**



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# MEDICAL EXEMPTIONS

Must be submitted annually on the New York State medical exemption form:

[health.ny.gov/forms/doh-5077.pdf](https://health.ny.gov/forms/doh-5077.pdf)

Students attending New York City schools should use the New York City medical exemption form:

[schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English](https://schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English)

Contact [OSAS@health.ny.gov](mailto:OSAS@health.ny.gov) for any questions regarding medical exemptions



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NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Immunization/Division of Epidemiology	Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age								
<b>NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE</b>									
<b>Instructions:</b> 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: <a href="http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm">http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm</a> .									
Please indicate which vaccine(s) the medical exemption is referring to: <table border="0"><tr><td><input type="checkbox"/> Haemophilus Influenzae type b (Hib)</td><td><input type="checkbox"/> Measles, Mumps, and Rubella (MMR)</td></tr><tr><td><input type="checkbox"/> Polio (IPV or OPV)</td><td><input type="checkbox"/> Varicella (Chickenpox)</td></tr><tr><td><input type="checkbox"/> Hepatitis B (Hep B)</td><td><input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV)</td></tr><tr><td><input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)</td><td><input type="checkbox"/> Meningococcal Vaccine (MenACWY)</td></tr></table>		<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)
<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 <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted Date: _____									
DOH-5077 (6/16)									

# MEDICAL EXEMPTION FORM

**Must be completed and signed  
by a physician licensed to  
practice in New York State**

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

DOH-5077 (6/16)

# MEDICAL EXEMPTION FORM

**Must contain sufficient  
information to identify  
medical contraindication to  
specific immunization**

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:*

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# MEDICAL EXEMPTION FORM

**Must specify length of  
time immunization  
contraindicated**

<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:	
<div></div>	
<div></div>	
<div></div>	
Date exemption ends (if applicable)	
<div></div>	
<div></div>	
<div></div>	
<i>A New York State licensed physician must complete this medical exemption statement and provide their information below:</i>	



# MEDICAL EXEMPTION FORM

School determines whether  
to accept or deny exemption

Telephone

Signature

Date

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

Date:

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**IMPORTANT**

A medical exemption form is not valid until the  
school has accepted the document



# SUSCEPTIBLE STUDENTS

- Susceptible students are children who may require exclusion in the event of a disease outbreak
- It is required that schools always have a list of all susceptible students
  - Any students with medical exemptions
  - Any students in-process

EXAMPLE LIST OF SUSCEPTIBLE STUDENTS (Missing or Incomplete Immunizations)									
Student Name	DOB	DTaP <small>(Diphtheria, Tetanus, Pertussis)</small>	IPV <small>(Polio)</small>	MMR <small>(Measles, Mumps, Rubella)</small>	Varicella	HepB	Tdap <small>(Tetanus, Diphtheria, Pertussis)</small>	MenACWY	Reason Susceptible <small>(Medical Exemption or <i>In Process</i>)</small>

# **ADDITIONAL RESPONSIBILITIES: COMMUNICATION, EXCLUSIONS, AND EXCEPTIONS**



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# COMMUNICATING THE IMPORTANCE OF VACCINATION

- We strongly recommend that schools reach out to all parents/guardians encouraging them to keep their children up to date on their vaccines
- The Centers for Disease Control and Prevention (CDC) have developed resources that schools can use for this purpose
- If you do not already have materials in place, consider including some of these resources in electronic newsletters or emails to parents/guardians (each image links to the related resource)

Routine Immunizations on Schedule for Everyone (RISE)



## Newsletter Template

Use this suggested language in emails or digital communications with parents. Include the [resources for parents](#) above to educate parents about the importance of childhood immunizations.

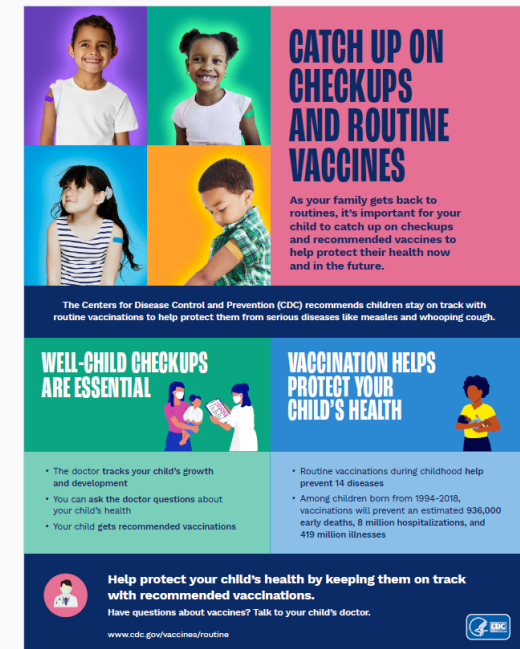
### Stay on track with your child's vaccinations

As a parent, you want to keep your children safe. Routine childhood vaccinations are an important way to ensure that your child and community remain healthy and protected against serious diseases, like measles and whooping cough.

[YOUR ORGANIZATION] encourages parents to make sure children are up to date on routinely recommended vaccines. Well-child visits and check-ups are essential for routine vaccination.

You can also review the [2023 easy-to-read immunization schedule](#) recommended by the Centers for Disease Control and Prevention (CDC). If you're pregnant, now is a great time to find a doctor for your baby and schedule a visit to discuss any questions you have about vaccines.

## Ways Schools Can Support Routine Vaccination Catch-Up Among School-Aged Children: A TOOLKIT FOR EDUCATIONAL PROFESSIONALS July 2023



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# EXCLUSION

Students out of compliance with public health law at any time throughout the school year must be excluded

Principal or person in charge of school must exclude students who have been out of compliance for more than 14 days until they can provide proof of compliance

**In-Process Calendar**  
Example: MMR Vaccine

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18 Dose 1 Counts as Day 1	19 In-Process Cannot receive second dose for at least 28 days
20	21	22	23	24	25	26
27	28	29	30			

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Day 28 Can receive second dose tomorrow	16 Dose 2 If not received, now a missed dose	17 Student is overdue and now has 14 days to immunize
18	19	20	21	22	23	24
25	26	27	28	29	30 Final day to immunize before exclusion	31 Student is non- compliant and must be Excluded

31  
Student is  
non-  
compliant  
and must  
be  
Excluded



# IN THE EVENT OF A DISEASE OUTBREAK

- Students included on the school's susceptible list may need to be excluded in the event of a disease outbreak
- If a student is not immunized because of a valid medical exemption or is considered in-process and on a catch-up schedule, they must be excluded from school if the disease of the outbreak is the same disease that the student has not been completely immunized against
- Students should not be allowed to return to school until the outbreak no longer poses a threat to susceptible students

# DISEASE OUTBREAK EXCLUSION EXAMPLES

## Outbreak of Chickenpox (Varicella) in School

### Example 1

Student has a valid medical exemption for the varicella vaccine but is up-to-date with all other New York State immunization requirements

### Example 2

Student only has 1 of the required 2 doses of the varicella vaccine because they are in-process of catching up on all the New York State immunization requirements

### Example 3

Student has a valid medical exemption for the Hep B vaccine but is up-to-date with all other New York State immunization requirements

Student is required to be excluded from school until varicella virus is no longer a risk at the school

Student is not required to be excluded from school during this outbreak



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# NOTIFICATION OF EXCLUSION

- Notify parent or guardian of responsibility to have student immunized and of resources for immunization
- Notify local health department of name and address of student and identify the immunizations the student needs
- In cooperation with local health department, provide a time and place where immunizations may be administered
- Local health department must cooperate with school authorities to provide a time and place where immunizations may be administered within 2 weeks of exclusion

Contact [StudentSupportServices@nysed.gov](mailto:StudentSupportServices@nysed.gov) for questions regarding exclusions

# THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT

**The McKinney-Vento Homeless Assistance Act is a federal program where children and youth who lack "a fixed, regular, and adequate nighttime residence" will be considered homeless**

- According to the New York State Education Department, students who fall under the McKinney-Vento Act have the right to enroll in school immediately, even if lacking documents normally required for enrollment, including vaccination records
- Students may not be excluded from school while immunization documents are being gathered
- More information on The McKinney-Vento Act can be found at: [nysed.gov/essa/mckinney-vento-homeless-education](https://nysed.gov/essa/mckinney-vento-homeless-education)



# IMMUNIZATION REQUIREMENTS AND SERVICES FOR REFUGEE AND ASYLEE CHILDREN

- Refugee, asylee, and asylum-applicant\* children are eligible for Medicaid, and can receive any missing vaccinations under the Vaccines for Children Program
- For those without records, positive serology tests for approved vaccines are an option along with revaccination
- Eligibility for services and protections for refugee and certified asylee children under the McKinney-Vento Act should be considered on a case-by-case basis to account for each student's specific circumstances
- Those who do not fall under the McKinney-Vento Act are allowed up to 30 days in a good faith effort to get the necessary certification or other evidence of immunization



# NEWCOMER CHILDREN – HELPFUL DEFINITIONS

Type of Newcomer	Refugee	Certified Asylee	Asylum-Seeker/Asylum Applicant; sometimes also referred to as a “Migrant”
Definition	Any person outside of their country who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Refugees are usually given an I-94 Form stamped “Admitted as a Refugee pursuant to section 207 of the Act”.	An asylee is a person who applies for and receives a grant of asylum while in the United States or on U.S. territory, based on the same reasons as a refugee.	A person who has, on their own, travelled to the United States for any reason and then applied for a grant of asylum, but has not yet received a determination.

**Sources:**

[otda.ny.gov/programs/bria/faqs.asp](https://otda.ny.gov/programs/bria/faqs.asp)  
[otda.ny.gov/programs/publications/4579.pdf](https://otda.ny.gov/programs/publications/4579.pdf)  
[uscis.gov/humanitarian/refugees-and-asylum/asylum](https://uscis.gov/humanitarian/refugees-and-asylum/asylum)  
[uscis.gov/humanitarian/refugees-and-asylum/refugees](https://uscis.gov/humanitarian/refugees-and-asylum/refugees)



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# REFUGEE/ASYLEE CHILDREN AND MCKINNEY-VENTO ACT

**According to the New York State Department of Health Refugee Health Program:** Not all evacuee children will meet the definition of “homeless children and youths” under the McKinney-Vento Act. State Educational Agencies and Local Educational Agencies should coordinate with their State Refugee Coordinator and with local refugee resettlement affiliates to better understand the specific circumstances of each refugee family. It is important, however, to determine their status based on the McKinney-Vento Act’s definition, rather than on outside factors such as whether the family or youth’s housing is being paid for or provided by a non-profit or government agency.



# REFUGEE ASYLEE CHILDREN ATTENDING SCHOOLS IN NEW YORK STATE

- Refugee, asylee, and asylum-applicant children seeking admission to New York State schools should be allowed to attend school while the school ascertains the child's immunization status
- According to PHL § 2164 students transferring from another country may attend school for up to 30 days while obtaining immunizations, gathering proof of past immunization or receiving serological testing



# REFUGEE/ASYLEE CHILDREN AND PHL § 2164

**It is strongly recommended that schools permit each student the maximum allowable 30-day period while working toward compliance. PHL § 2164 is meant to ensure children's health and safety and is not meant to be used to keep migrant children from attending school.**



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# **ANNUAL SCHOOL IMMUNIZATION SURVEY: REVIEW AND UPDATES**



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# ANNUAL MANDATED SCHOOL SURVEYS


- Schools must report immunization status of all students for all grades each school year
- This year's school survey will open at the beginning of November and is typically due by 12/15/2025
- All public schools, non-public schools, and BOCES must have a Health Commerce System (HCS) account and a HCS Coordinator who can assign roles to other staff at the school (i.e., School Data Reporter)
- If you do not have an HCS account or do not know who your HCS coordinator is, please send an email to [osas@health.ny.gov](mailto:osas@health.ny.gov) as soon as possible



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# HEALTH COMMERCE SYSTEM (HCS)

PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)



User ID

Password

Forgot Your [User ID](#) or [Password](#) ☐ Remember User ID

LOGIN

Don't Have An Account? [Sign Up Here](#)

- Health Commerce System is a secure online communications system operated by New York State Department of Health: [commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)
- Instructions for getting access to HCS: [apps.health.ny.gov/pub/ctrldocs/paperless\\_edoc2.pdf](https://apps.health.ny.gov/pub/ctrldocs/paperless_edoc2.pdf)
- Instructions for Accessing and Completing K-12 Immunization Survey: [health.ny.gov/prevention/immunization/schools/docs/2024-25\\_school\\_imm\\_survey\\_instructions.pdf](https://health.ny.gov/prevention/immunization/schools/docs/2024-25_school_imm_survey_instructions.pdf)



# SURVEY MANAGEMENT AND RESPONSE TOOL (SMART)

- As of the 2024-25 school year, all immunization surveys will be housed in a new platform within HCS called Survey Management and Response Tool (SMART)
- Health Commerce System role permissions will stay the same
- Instructions and a training webinar will be released in the fall
- Reminder: paper survey responses will not be accepted

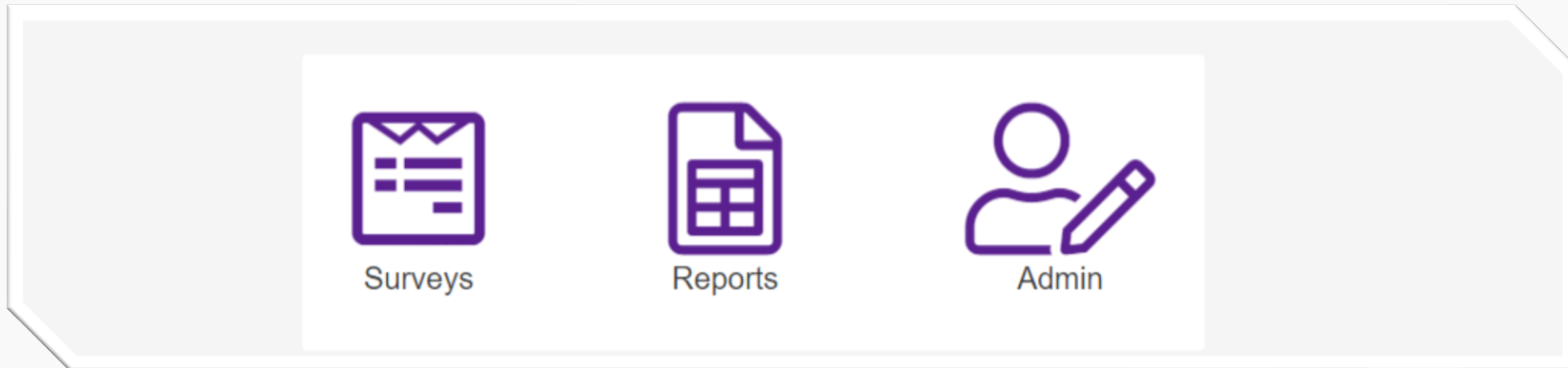


Image links to SMART



**Department  
of Health**

# LESSONS LEARNED FROM SMART PILOT

Here are some key reminders about using the Health Commerce System to submit the annual School Immunization Survey:

- **Immunization survey data must not be reported at the district level.**
- **Every school must have an active HCS Director** (this must be the district superintendent for public schools, and the principal or head for religious and independent schools).
  - It is the school's responsibility to remove school access from HCS users when they retire or leave for a new job. Trainings on keeping HCS up to date for your organization are offered monthly. Look for CTI-200 Communications Directory/Coordinator Training under the Events/Calendar section of the HCS home screen

## Events/Calendar

02/03/2025	CTI-100 Intro to HCS Webinar
02/04/2025	CTI-120 Intro to HERDS Data Entry & Reports Train...
02/11/2025	CTI-200 Communications Directory/Coordinator Trai...

- The director can delegate responsibility for data entry and account management to staff of their choice by giving them the HPN Coordinator role.
- New York State Department of Health staff cannot give users access to a school in the Health Commerce System, only the school's HPN Coordinator can do that.



Department  
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For assistance with your HCS account: [OSAS@health.ny.gov](mailto:OSAS@health.ny.gov)

# **VACCINE FRAUD: HOW TO HELP SPOT IT AND STOP IT**



Department  
of Health

# VACCINE FRAUD INVESTIGATIONS

Our local health departments and school nurses are essential partners in preventing outbreaks of vaccine-preventable diseases

Report any suspected vaccine fraud to  
[stopvaxfraud@health.ny.gov](mailto:stopvaxfraud@health.ny.gov)



Department  
of Health

- Vaccine fraud has become more prevalent since the removal of religious exemptions
- Several high-profile fraud cases have been in the media recently
- When new cases of fraud come to light:
  - The Department of Health will alert all schools and local health departments
  - Work with schools that are known to be impacted
  - Provide a summary of known impacts to each relevant county
  - Work with LHDs to ensure that impacted schools are complying with state directives
- Schools are legally responsible for excluding students with fraudulent records regardless of being notified by the Department of Health directly about that student

# SPOTTING FRAUD

## Spotting a Fraudulent Record

The New York State Department of Health wants to help schools recognize red flags on immunization records to stop fraud. Schools are on the frontlines in the defense against vaccine preventable diseases and have the responsibility to reject immunization records they believe to be fraudulent based on their knowledge and assessment of the facts.

### Acceptable Forms of Immunization Records\*

- Record signed by New York State licensed practitioner
- New York State Immunization Information System record or Citywide Immunization Registry
- Official record from a registry in another state
- Electronic health record
- Official record from a foreign nation\*\*
- School health record transferred directly from another school

\*Immunization records include vaccination history, medical exemptions, and laboratory results that indicate immunity to measles, mumps, rubella, varicella, and Hepatitis B.  
\*\*An official record from a foreign nation may be accepted as a certificate of immunization without a licensed practitioner's signature. An unofficial record, such as one issued by a private clinic in another country, cannot be accepted unless it was reviewed and signed by

### How to Assess an Immunization Record

#### Red Flag: that warrant further investigation

- Vaccinations administered by a provider with a known history of
- Students who appear to have come into compliance very quickly
- Required vaccines from a practice that typically does not administer

All immunization records should clearly state a student's name and date of birth. Make sure this information is correct when compared to the school's record. Look for any abnormalities in other information that is included, like address or parent names.

Official New York State immunization records should be clearly marked by the practitioner's office from which they came.

- Examples:
- Document header
  - Watermark
  - Stamp

#### EXAMPLE RECORD

NEW YORK STATE PEDIATRICS  
PATIENT VACCINATION RECORD  
SUMMARY (DOES NOT INCLUDE ALL VACCINE TYPES)

Organization: NEW YORK COMMUNITY PHYSICIANS  
Facility: PEDIATRICS  
Date: NOV 23 2022  
Name: JANE DOE  
DOB: MAY 26 2014  
Physician: JOHN SMITH, M.D.

Vaccine Group	Date	Date	Date	Date	Dates
DtaP/DTP/Id	07/11/2014	01/07/2015	02/10/2015	07/14/2016	07/12/2019
OPV/IPV	07/11/2014	01/07/2015	02/10/2015		
MMR	05/27/2015	09/13/2019			
Hep B	05/30/2014	07/11/2014	02/10/2015		
Varicella	05/27/2015	09/13/2019			
Tdap					
MenACWY					

X  
JOHN SMITH  
M.D.

Immunization dates should follow the Advisory Committee on Immunization



Department  
of Health

- Be aware of ongoing issues:  
[health.ny.gov/prevention/immunization/schools/fraud.htm](https://health.ny.gov/prevention/immunization/schools/fraud.htm)
- Spotting Fraudulent Record Document
  - Highlights red flags that may require reporting for further investigation
  - Provides an example record for these red flags
- Email concerns about fraudulent records to:  
[STOPVAXFRAUD@health.ny.gov](mailto:STOPVAXFRAUD@health.ny.gov)

# TDAP ROLL-OUT UPDATE



Department  
of Health

# TETANUS AND DIPHTHERIA TOXOID-CONTAINING VACCINE AND PERTUSSIS (TDAP) ROLL-OUT UPDATES

- A new requirement rolled out in the 2020-21 school year that the Tdap booster must be received after 10 years of age to satisfy the New York State immunization requirement
- Students who were in grades 7-12 during the 2020-21 school year are exempt from this new requirement
- **For the 2025-26 school year**, the roll-out indicates that students in grades 12 are still permitted to have received their Tdap booster as early as age 7; students in grades 6-11 fall under the new requirement and are required to receive their Tdap booster no earlier than 10 years of age (see table below)
- **The 2025-26 school year will be the final year of this roll-out**

2025-26 School Year

Tdap Booster Age Requirements	
Grades	Minimum Age
6, 7, 8, 9, 10, and 11	10
12	7

# **2025-26 SCHOOL YEAR NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ATTENDANCE DOCUMENT**



**Department  
of Health**



# IMMUNIZATION REQUIREMENTS 2025-26

## 2025-26 School Year New York State Immunization Requirements for School Entrance/Attendance Document:

[health.ny.gov/publications/2370\\_2026.pdf](https://health.ny.gov/publications/2370_2026.pdf)

[Spanish](#), [Arabic](#), [Bengali](#), [Burmese](#), [Chinese](#), [French](#), [Haitian Creole](#), [Hindi](#), [Italian](#), [Japanese](#), [Korean](#), [Nepali](#), [Polish](#), [Russian](#), [Urdu](#), [Yiddish](#)



Department of Health

**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-level classes must meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

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

For further information, contact:  
**New York State Department of Health**  
Division of Vaccine Excellence  
Room 640, Corning Tower ESP  
Albany, NY 12227  
(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) 296-3433

New York State Department of Health/Division of Vaccine Excellence  
[health.ny.gov/immunization](https://health.ny.gov/immunization)

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, provided at least 6 months have elapsed since the previous dose. The fourth dose of DTaP need not be repeated until at least 4 months after the third dose of DTaP. The series must be received on or after the fourth birthday (b) after the previous dose.

b. If DTaP was administered at 4 years or older, and at later dose 3, the fifth (booster) dose of DTaP vaccine is required for children who are not fully immunized with the childhood series.

c. If a child receives a 5-dose series of DTaP vaccine as the first dose in the additional doses are needed, use 1d or Tdap vaccine. A record of OPV, only trivalent (IPV) counts. State school polio vaccine requirements. Doses of a April 1, 2016, should be counted unless specifically first, second or as given during a poliovirus. Doses of OPV given on or after April 1, 2016, are not counted.

d. If a child receives a 5-dose series of DTaP vaccine as the first dose in the additional doses are needed, use 1d or Tdap vaccine. A record of OPV, only trivalent (IPV) counts. State school polio vaccine requirements. Doses of a April 1, 2016, should be counted unless specifically first, second or as given during a poliovirus. Doses of OPV given on or after April 1, 2016, are not counted.

e. If a child receives a 5-dose series of DTaP vaccine as the first dose in the additional doses are needed, use 1d or Tdap vaccine. A record of OPV, only trivalent (IPV) counts. State school polio vaccine requirements. Doses of a April 1, 2016, should be counted unless specifically first, second or as given during a poliovirus. Doses of OPV given on or after April 1, 2016, are not counted.

f. If a child receives a 5-dose series of DTaP vaccine as the first dose in the additional doses are needed, use 1d or Tdap vaccine. A record of OPV, only trivalent (IPV) counts. State school polio vaccine requirements. Doses of a April 1, 2016, should be counted unless specifically first, second or as given during a poliovirus. Doses of OPV given on or after April 1, 2016, are not counted.

3. Polio vaccine (IPV/OPV)<sup>3</sup>

a. Children starting the series on time should receive a series of IPV at 12 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACP catch-up schedule. The first 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.

4. Measles, Mumps and Rubella vaccine (MMR)<sup>4</sup>

a. Children starting the series on time should receive MMR vaccine at 12 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACP catch-up schedule. The first 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.

5. Hepatitis B vaccine<sup>5</sup>

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 given at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no later 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.

6. 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.

7. 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 MenQuadri) 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.

8. 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 ACP catch-up schedule. The first 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.

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

a. Children starting the series on time should receive PCV vaccine at 12 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACP catch-up schedule. The first 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.

# HAEMOPHILUS INFLUENZAE TYPE B (HIB) AND PNEUMOCOCCAL CONJUGATE VACCINE (PCV)

PRE-K ONLY

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

PRE: Children in a prekindergarten setting should be age appropriately immunized. The number of doses depends on the recommendation by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be the ACIP recommended immunization schedule for persons 0 through 18 years of age. Doses received before 1 year of age are not valid and do not count toward the number of doses listed below. See footnotes for specific information about children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are enrolling.

**Dose requirements MUST be read with the footnotes of this schedule.**

Vaccines	Prekindergarten (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
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTaP/Isap/Isap) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) <sup>3</sup>		Not applicable	
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose	2 doses	
Hepatitis B vaccine <sup>6</sup>	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombinant) for children 11 years of age or older (Recombined for children 11 years of age or older)	
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses	
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>		Not applicable	Grades 7, 8, 9, 10 and 11 1 dose
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	

1. Department of Health, New York State Immunization Requirements for School Entrance/Attendance, 2024. 2. Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTaP/Isap/Isap). 3. Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap). 4. Polio vaccine (IPV/OPV). 5. Measles, Mumps and Rubella vaccine (MMR). 6. Hepatitis B vaccine. 7. Varicella (Chickenpox) vaccine. 8. Meningococcal conjugate vaccine (MenACWY). 9. Haemophilus influenzae type b conjugate vaccine (Hib). 10. Pneumococcal Conjugate vaccine (PCV).

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup>	1 to 4 doses
Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>	1 to 4 doses

# HIB AND PCV

## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

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

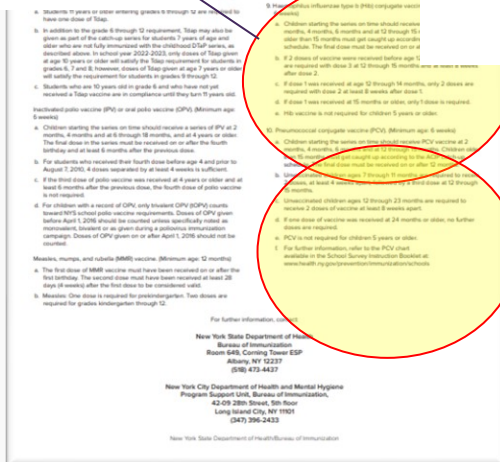
- Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
- If 2 doses of vaccine were 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.
- 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.
- If dose 1 was received at 15 months or older, only 1 dose is required.
- Hib vaccine is not required for children 5 years or older.

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

- 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.
- 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.
- Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
- If one dose of vaccine was received at 24 months or older, no further doses are required.
- PCV is not required for children 5 years or older.
- For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)



Department  
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# DIPHTHERIA AND TETANUS TOXOID-CONTAINING VACCINE AND PERTUSSIS (DTAP)

## GRADES PRE-K THROUGH 12

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

17ES: Administered in a prekindergarten setting should be age appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Administered in grade less classes should 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	Prekindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTaP/Tdap/Td) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) <sup>2</sup>	Not applicable	Not applicable	1 dose	
Polio vaccine (IPV/OPV) <sup>2</sup>	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) <sup>2</sup>	1 dose	2 doses		
Hepatitis B vaccine <sup>2</sup>	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB) for children who are the donor at least 6 months apart between the ages of 12 through 15 years		
Varicella (Chickenpox) vaccine <sup>2</sup>	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) <sup>2</sup>	Not applicable	Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>2</sup>	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) <sup>2</sup>	1 to 4 doses	Not applicable		

1. New York State Department of Health

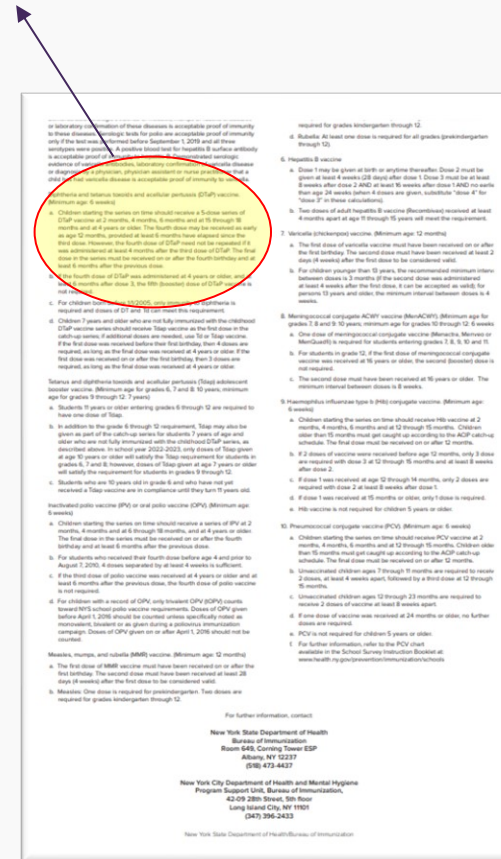
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTaP/Tdap/Td) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	



## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

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

- 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.
- 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.
- For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
- 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.



# POLIO (IPV/OPV)

## PRE-K THROUGH 12

Vaccines	Prekindergarten (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
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<b>Polio vaccine (IPV/OPV)<sup>4</sup></b>	<b>3 doses</b>	<b>4 doses or 3 doses if the 3rd dose was received at 4 years or older</b>		
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events are not valid and do not count toward the number of  
children who are enrolling in grade-level classes should meet  
criteria.

Dose requirements MUST be

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

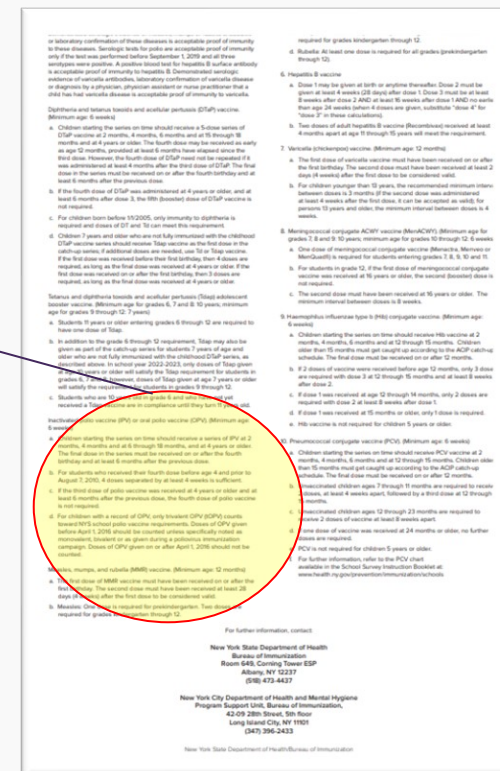
State | Department

# IPV/OPV

## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

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

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



Department  
of Health

# MEASLES, MUMPS AND RUBELLA (MMR)

## GRADES PRE-K THROUGH 12

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

1258:  
children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the Advisory Committee on Immunization Practices (ACIP) intervals between doses of vaccine. The ACIP recommended immunization schedule for persons 0 through 18 years of age. Doses received by adults are not valid and do not count toward the number of doses listed below. See footnotes for specific information on children who are enrolling in grade-less classes should meet the immunization requirements of the grades for students.

Dose requirements MUST be read with the footnotes of this schedule.

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

1 Department of Health

Vaccines	Prekindergarten (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
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose	2 doses		



# MMR

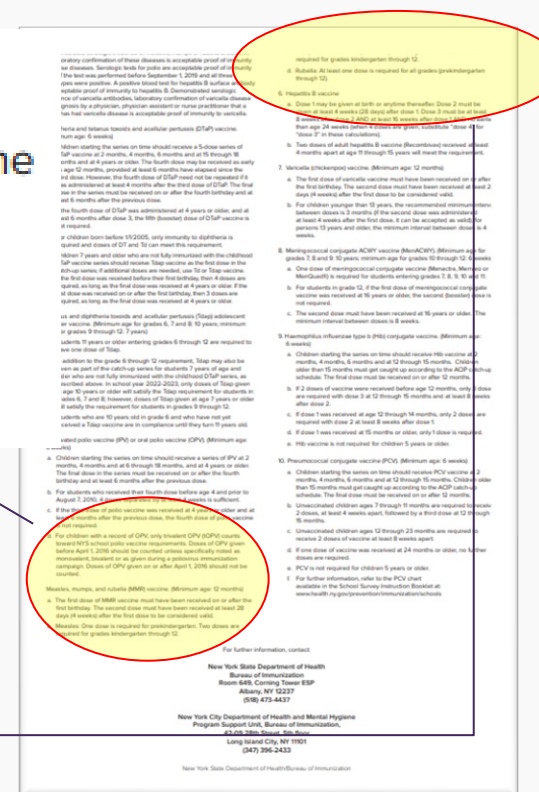
## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

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

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

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

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



Department  
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# HEPATITIS B (HEPB)

## GRADES PRE-K THROUGH 12

Vaccines	Prekindergarten (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
Hepatitis B vaccine <sup>6</sup>	3 doses	<b>3 doses</b> 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		

State requirements must be read with the requirements of the school.

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

DOH | Department



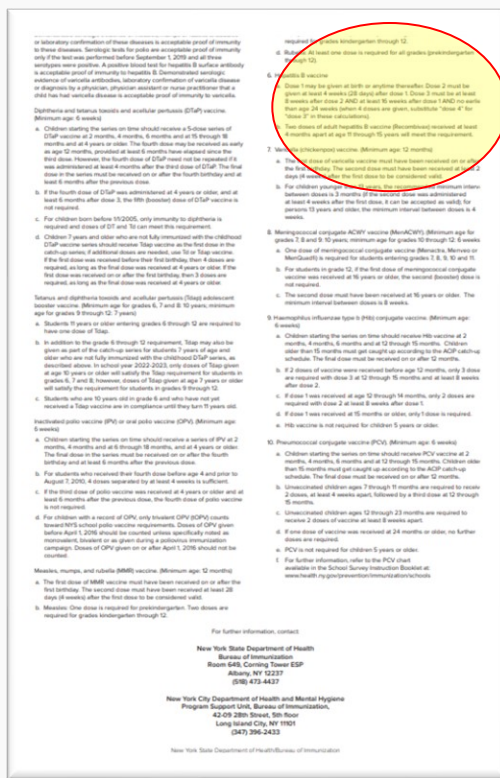
Department  
of Health

# HEPB

## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

### 6. Hepatitis B vaccine

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



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# VARICELLA (CHICKENPOX)

## GRADES PRE-K THROUGH 12

Vaccines	Prekindergarten (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
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses		

**Standardization Requirements  
by Grade/Attendance<sup>1</sup>**

Varicella vaccine is not required for students who are not attending school for at least 180 days in a school year. The number of doses depends on the schedule (ACIP). Intervals between doses of vaccine should be in accordance with the minimum age or stated below. See footnotes for specific information for each vaccine and the requirements of the grades for which they are age.

with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxin-containing vaccine and Pertussis vaccine (DTaP/DTaP/10aP/10a) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxin-containing vaccine and Pertussis vaccine adolescent booster (Tdap) <sup>2</sup>		Not applicable	1 dose	
Polio vaccine (IPV/OPV) <sup>2</sup>	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) <sup>2</sup>	1 dose	2 doses		
Hepatitis B vaccine <sup>3</sup>	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombinant) for students who received the doses at least 4 months apart between the ages of 11 through 19 years		
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses		
Conjunctivitis conjugate vaccine (Hib/ACWY) <sup>2</sup>		Not applicable	Grades 7, 8, 9, 10 and 11 received 1 dose	2 doses or 1 dose if received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>2</sup>	1 to 4 doses	Not applicable		
Pneumococcal conjugate vaccine (PCV) <sup>2</sup>	1 to 4 doses	Not applicable		

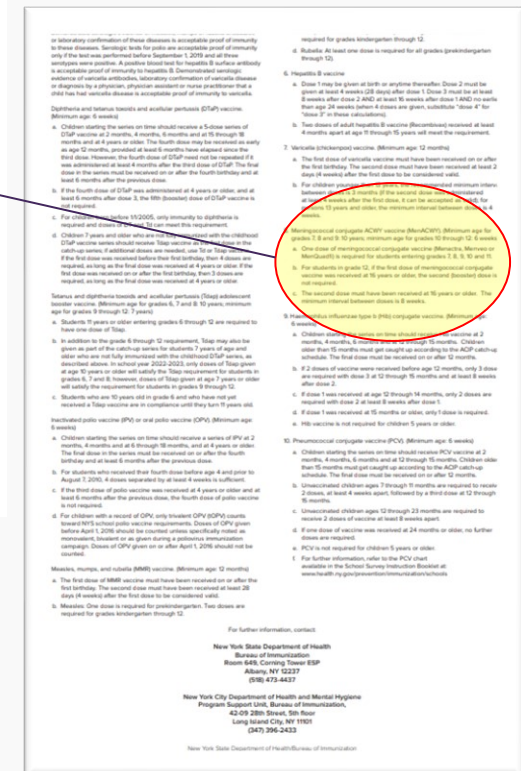
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# VARICELLA

## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

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

- 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.
- 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.



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# TDAP

## GRADES 6 THROUGH 12

Vaccines	Prekindergarten (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>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)<sup>3</sup></b>	<b>Not applicable</b>		<b>1 dose</b>	

<sup>31</sup>  
Children in a prekindergarten setting should be age appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or events 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-level classes should meet the immunization requirements of the grades for which they are age appropriate.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Prekindergarten (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/DTaP-Boost)<sup>31</sup></b>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
<b>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)<sup>31</sup></b>	Not applicable			1 dose
<b>Polio vaccine (IPV/OPV)<sup>31</sup></b>	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
<b>Measles, Mumps and Rubella vaccine (MMR)<sup>31</sup></b>	1 dose	2 doses		
<b>Hepatitis B vaccine<sup>31</sup></b>	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
<b>Varicella (Chickenpox) vaccine<sup>31</sup></b>	1 dose	2 doses		
<b>Meningococcal conjugate vaccine (MenACWY)<sup>31</sup></b>	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
<b>Hemophilus influenzae type b conjugate vaccine (Hib)<sup>31</sup></b>	1 to 4 doses	Not applicable		
<b>Pneumococcal Conjugate vaccine (PCV)<sup>31</sup></b>	1 to 4 doses	Not applicable		



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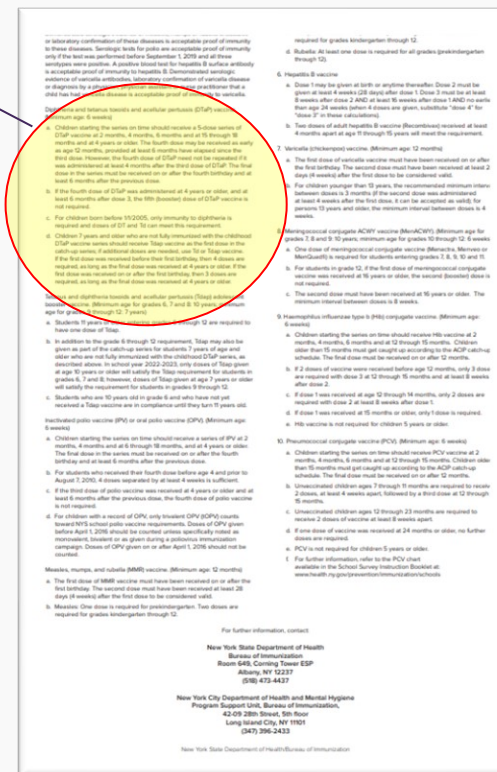
NY State Department of Health

# TDAP

## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

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

- Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
- 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 2025-26, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 11; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grade 12.
- 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.



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# MenACWY

## GRADES 7 THROUGH 12

**New York State Immunization Requirement for School Entrance/Attendance<sup>1</sup>**

NOTE: Children in a prekindergarten setting should be age appropriately immunized. The number of doses depends on recommendations by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine in the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before entry are not valid and do not count toward the number of doses listed below. See footnotes for specific information. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are enrolling.

**Dose requirements MUST be read with the footnotes of this schedule.**

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grade 6, 7, 8, 9 and 10
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTaP/Boost) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) <sup>3</sup>		Not applicable	1 dose
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose	2 doses	
Hepatitis B vaccine <sup>6</sup>	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (discontinued) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses	
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose 2 doses or 1 dose if the dose was received at 10 years or older
Hemophilus 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	

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Vaccines	Prekindergarten (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
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older



# MenACWY

## INTERVALS BETWEEN DOSES OF VACCINE MUST BE IN ACCORDANCE WITH ACIP SCHEDULE

an 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, 2010, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Documented serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician notation on a vaccine card that a child has had varicella disease is acceptable proof of immunity to varicella.

**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 6 months after the third dose of DTaP. The first 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 (boosted) dose of DTaP vaccine is not required.
- c. For children born before 10/20/05, only parents to diphtheria is required and doses of DT and Td can meet this requirement.
- d. 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 first 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 first dose was received at 4 years or older.

**Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine.** (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 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 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8. However, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
- c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance with the law. If 7 years old, inactivated polio vaccine (IPV) and oral polio vaccine (OPV) (Minimum age: 6 weeks)
- d. 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 first dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
- e. For students who received their fourth dose before age 4 and prior to August 1, 2010, 4 doses separated by at least 4 weeks is sufficient.
- f. 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.
- g. For children with a record of OPV, only inactivated OPV (IPV) counts toward NY's school polio vaccine requirements. Doses of OPV given before April 1, 2010, should be counted unless specifically noted as nonvaccine. Doses of OPV given on or after April 1, 2010, should not be counted.

**Meningococcal conjugate (MenACWY) vaccine.** (Minimum age: 12 months)

- a. The first dose of MenACWY vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (8 weeks) after the first dose to be considered valid.
- b. Meningococcal One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

For further information, contact:

**New York State Department of Health  
Bureau of Immunization  
Boris A. Canning, Tanager Egan  
Albany, NY 12237  
(518) 473-4437**

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

New York State Department of Health/Bureau of Immunization

### 8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 12: 10 years).

- a. One dose of meningococcal conjugate vaccine 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.

# IMMUNIZATION WORKSHEETS



Department  
of Health

# IMMUNIZATION WORKSHEETS DAYCARE; PRE-K; K-12

- The New York State Department of Health Immunization Worksheets can be used to determine student compliance and aid in filling out the School Immunization Survey in the Health Electronic Response Data System (HERDS)
- HERDS is located within the HCS system
- Worksheets
- Daycare and Pre-K  
[health.ny.gov/prevention/immunization/schools/docs/imm\\_worksheet\\_daycare\\_pre\\_k\\_template.pdf](https://health.ny.gov/prevention/immunization/schools/docs/imm_worksheet_daycare_pre_k_template.pdf)
- K-12  
[health.ny.gov/prevention/immunization/schools/docs/k\\_12\\_imm\\_worksheet\\_template.pdf](https://health.ny.gov/prevention/immunization/schools/docs/k_12_imm_worksheet_template.pdf)



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# DAYCARE AND PRE-K IMMUNIZATION WORKSHEET

## INSTRUCTIONS FOR NEW YORK STATE SCHOOL IMMUNIZATION WORKSHEET FOR DAY CARE AND PRE-K

- Use this worksheet to help you fill out the survey form. This worksheet is for your own records and does not need to be returned.
- Only transfer "Summary Totals" from the front of the last worksheet to the survey form.
- **The immunization status of all children in Pre-K/Day Care should be included, not only new enterers.**
- Intervals between doses of vaccine must be in accordance with the Advisory Committee for Immunization Practices (ACIP) Recommended Immunization
- For children who are behind or started late, refer to the Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late  
<https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

TO COMPLETE THIS FORM

Column 1. Enter the name (last, first, middle initial) and birthday (month, day, year) for each child on a separate line.

confirmation

Column 2. Enter an "X" in the Children Without Immunization Record box for those children who do not have an immunization record or other proof of immunity on file. **Do not count students who do not have an immunization record in columns 4 through 14. Do not count children who have medical exemptions in this column.**

Column 8. Enter an "X" if the child was born 4 days prior to the date of the mother's death.

Column 3. Enter an "X" in the Medical Exemptions box for those children who have a medical exemption (form DOH-5077) from a physician licensed to practice medicine in the State of New York.

Column 9. Enter an "X" appropriate Immunizat

Column 4. Enter an "X" in the Diphtheria, Tetanus, and Pertussis (DTaP) box for those children who have received 4 doses of DTaP vaccine as age appropriate: 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. 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.

Column 10. Enter an "X" if the student is an appropriate 2022-23 S (ny.gov) for

Column 11. Enter an "X" if the patient received a vaccine not listed in the preceding column, or if the physician assigned the patient to the serologic evaluation.

Column 5. Enter an "X" in the Polio box for those children who have received 3 doses of polio vaccine as age appropriate or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease accepted prior to September 1, 2019. 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. 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.

Column 12. Enter an "X" if the child has received 3 or more doses of pneumococcal polysaccharide vaccine (PPSV23) or 2 or more doses of pneumococcal conjugate vaccine (PCV13).

Column 13. Enter an "X" through 12

Column 6. Enter an "X" in the Measles box for those children who have received 1 dose of measles vaccine no more than 4 days prior to their first birthday or who have demonstrated serologic evidence of immunity to or laboratory confirmation of measles disease.

Column 14. Enter an "X" received at

Column 7. Enter an "X" in the Mumps box for those children who have received 1 dose of mumps vaccine no more than 4 days prior to their first birthday or who have demonstrated serologic evidence of immunity to or laboratory

Column 15. Enter an "X"  
McKinney \

## TABULATING THE DATA

Add the number of "X's" in each column and enter the sub-totals on each page.  
Add the sub-totals for each page and enter the summary totals on the last page.  
Transfer all totals by grade onto the Survey Summary Form

(7/22) Page 2 of 2

## New York State Department of Health School Immunization Worksheet for Day Care and Pre-K

Page        of       

**Completion Instructions on Page 2**

Do Not Return This Form

**Keep For Your Records**

Day Care/Pre-K Name

Room

Class

Total Enrollment

Prepared By

[illegible]

## TABULATING THE DATA

Add the number of "Xs" in each column and enter the sub-totals on each page. Add the sub-totals for each page and enter the summary totals on the last page. Transfer all totals by grade onto the Survey Summary Form.

SEROLOGY

SEROLOGY

SEROLOGY

SEROLOGY

SEROLOGY

Hx OF DISEASE

(6/24) Page 1 of 2



**Department  
of Health**

# K-12 IMMUNIZATION WORKSHEET

## New York State Department of Health School Immunization Worksheet for Grades K-12

Page of

**Completion Instructions on Page 2**

Do Not Return This Form

**Keep For Your Records**

School Name \_\_\_\_\_

Room \_\_\_\_\_ Grade \_\_\_\_\_ Total Enrollment \_\_\_\_\_ Prepared By \_\_\_\_\_

## INSTRUCTIONS FOR SCHOOL IMMUNIZATION

- Use this worksheet to help you fill out the survey form. This worksheet is for your own records and does not need to be submitted.
- Only transfer "Summary Totals" from the front of the last worksheet to the survey form.
- The immunization status of all students in grades K-12 should be included, not only new entrers.
- Intervals between doses of vaccine must be in accordance with the Advisory Committee for Immunization Practices (ACIP) recommendations.
- For children who are behind or started late, refer to the Catch-up Immunization Schedule for Persons Aged 4 Months to 18 Years: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Column 1. Enter the name and birthday for month, day, year for each student on a separate line.

Column 2. Enter an "X" in the Students Without Immunization Record box for those students who do not have an immunization record or other proof of immunity on file. Do not count students who do not have an immunization record in columns 4 through 14. Do not count students who have medical exemptions in this column.

Column 3. Enter an "X" in the Medical Exemptions box for those students who have a valid medical exemption (form DOH- 5077) from a physician licensed to practice medicine in the State of New York

Column 4. Enter an "X" in the Diphtheria, Tetanus and Pertussis (DTaP) box for those students who have received 5 doses of DTaP vaccine, or 4 doses with the 4th dose on or after the 4th birthday, or 3 doses if 7 years or older and the series was started at 1 year or older. The final dose must have been received at 4 years of age or older. For students born before 1/1/2005 doses of DT and Td can meet requirement.

Column 5. Enter an "X" in the Polio box for those students who have received 4 doses of polio vaccine, or 3 doses with the 3rd dose on or after the 4th birthday. The final dose must have been received at 4 years of age or older. 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. Serological evidence of immunity to all 3 serotypes of polio is also acceptable proof of immunity to polio disease if accepted prior to September 1, 2019. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements.

Column 6. Enter an "X" in the Measles box for those students who have received 2 doses of measles vaccine, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of measles disease. The first dose must not have been received more than 4 days prior to their first birthday, and the second dose must have been received at least 28 days later.

Column 7. Enter an "X" in the Mumps box for those students who have received 2 doses of mumps vaccine, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of mumps disease. The first dose must not have been received more than 4 days prior to their first birthday, and the second dose must have been received at least 28 days later.

Column 8. Enter an "X" in the Rubella box for those students who have received at least 1 dose of rubella vaccine no more than 4 days prior to their first birthday, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of rubella disease.

[illegible]

## TABULATING THE DATA

Add the number of "X's" in each column and enter the sub-totals on each page. Add the sub-totals for each page and enter the summary totals on the last page. Transfer all totals by grade onto the Survey Summary Form.

(6/24) Page 1 of 2

(7/22) Page 2 of 2



**Department  
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# USING IMMUNIZATION WORKSHEETS

- Fill in school and class information
- School name, grade, and enrollment are all essential when filling out the School Immunization Survey

## New York State Department of Health School Immunization Worksheet for Grades K-12

Completion Instructions on Page 2

Do Not Return This Form

School Name _____										
Room _____	Grade _____	Total Enrollment _____				Prepared By _____				
1	2	3	4	5	6	7	8	9	10	11
Total Number of Students	Students Without Immunization Record	Medical Exemptions	Diphtheria, Tetanus and Pertussis (DTaP/DT)	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella (Chickenpox)	Tdap Booster Tetanus, Diphtheria and Pertussis
	Students with no	Students with a valid	See criteria on Page 2	See criteria	See criteria	See criteria on	See criteria on	See criteria	See criteria on	See grade require-

# USING IMMUNIZATION WORKSHEETS

- List students' names and DOBs
- Listing names and DOBs will help in developing a current and accurate susceptible list

1		2		
Total Number of Students		Students Without Immunization Record		Me Exem
		Students with no proof of immunity		Stu with DO on

# USING IMMUNIZATION WORKSHEETS

- Keeping track of page numbers will help keep grades organized
- The School Immunization Survey is divided by grades

es K-12

Page\_\_\_\_\_of\_\_\_\_\_

Keep For Your Records

11

12

13

14

15



# USING IMMUNIZATION WORKSHEETS

	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Students Without Immunization Record	Medical Exemptions	Diphtheria, Tetanus and Pertussis (DTaP/DT)	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella (Chickenpox)	Tdap Booster Tetanus, Diphtheria and Pertussis	MenACWY	Completely Immunized	In Process	Homeless Students
	Students with no proof of immunity	Students with a valid DOH-5077 on file	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See grade requirements and criteria on Page 2	See grade requirements and criteria on Page 2	Students who meet all the requirements for columns 4-12. Do not include students from column 2.	See criteria on Page 2	Students considered homeless under McKinney Vento
DOB														

## INSTRUCTIONS FOR SCHOOL IMMUNIZATION WORKSHEET GRADES K-12

- Use this worksheet to help you fill out the survey form. This worksheet is for your own records and does not need to be returned.
- Only transfer "Summary Totals" from the front of the last worksheet to the survey form.
- The immunization status of all students in grades K-12 should be included, not only new enterers.
- Intervals between doses of vaccine must be in accordance with the Advisory Committee for Immunization Practices (ACIP) Recommended Immunization Schedules for Persons 0 Through 18 Years of Age.
- For children who are behind or started late, refer to the Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Column 1. Enter the name and birthday for month, day, year for each student on a separate line.

Column 2. Enter an "X" in the Students Without Immunization Record box for those students who do not have an immunization record or other proof of immunity on file. Do not count students who do not have an immunization record in columns 4 through 14. Do not count students who have medical exemptions in this column.

Column 3. Enter an "X" in the Medical Exemptions box for those students who have a valid medical exemption (form DOH-5077) from a physician licensed to practice medicine in the State of New York.

Column 4. Enter an "X" in the Diphtheria, Tetanus and Pertussis (DTaP) box for those students who have received 5 doses of DTaP vaccine, or 4 doses with the 4th dose on or after the 4th birthday, or 3 doses if 7 years or older and the series was started at 1 year or older. The final dose must have been received at 4 years of age or older. For students born before 1/1/2005 doses of DT and Td can meet requirement.

Column 5. Enter an "X" in the Polio box for those students who have received 4 doses of polio vaccine, or 3 doses with the 3rd dose on or after the 4th birthday. The final dose must have been received at 4 years of age or older. 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. Serological evidence of immunity to all 3 serotypes of polio is also acceptable proof of immunity to polio disease if accepted prior to September 1, 2019. For children with a record of OPV, only Trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements.

Column 6. Enter an "X" in the Measles box for those students who have received 2 doses of measles vaccine, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of measles disease. The first dose must not have been received more than 4 days prior to their first birthday, and the second dose must have been received at least 28 days later.

Column 7. Enter an "X" in the Mumps box for those students who have received 2 doses of mumps vaccine, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of mumps disease. The first dose must not have been received more than 4 days prior to their first birthday, and the second dose must have been received at least 28 days later.

Column 8. Enter an "X" in the Rubella box for those students who have received at least 1 dose of rubella vaccine no more than 4 days prior to their first birthday, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of rubella disease.

Column 9. Enter an "X" in the Hepatitis B box for those students who have received 3 doses of hepatitis B vaccine or 2 doses of adult Recombivax. The 2 dose series is only acceptable for students who received the 2 doses between the ages of 11 and 15 years. Serological evidence of immunity to hepatitis B disease is also acceptable proof of immunity for school attendance.

Column 10. Enter an "X" in the Varicella (Chickenpox) box for those students who have received 2 doses of varicella vaccine, or who have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of varicella disease. The first dose must not have been received more than 4 days prior to their first birthday, and the second dose must have been received at least 28 days later.

Column 11. Enter an "X" in the Tdap Booster box for those students who have received a dose of Tdap. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7, and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.

Column 12. Enter an "X" in the MenACWY box for those students in grades 7-11 who have received a dose of MenACWY vaccine. Enter an "X" in the MenACWY box for those students enrolled in grade 12 who have received either 2 doses of MenACWY vaccine or 1 dose of MenACWY vaccine, if the first dose was received on or after 16 years of age. In school year 2022-2023, minimum age for grades 7-9: 10 years; minimum age for grades 10 through 12: 6 weeks.

Column 13. Enter an "X" in the Completely Immunized box for those students who meet all requirements for columns 4 through 12. Students counted in column 2 should not be counted in column 13.

Column 14. Enter an "X" in the In Process box for those students who are not completely immunized and who have received at least the first dose of each required vaccine series and have age-appropriate appointments to complete the series according to the ACIP catch-up schedule.

Column 15. Enter an "X" in the Homeless Students box for those students who are considered homeless under McKinney Vento.

- Using the instructions on the back of the worksheet, fill out the following information in the corresponding columns for each student
- Students without records
- Any students with medical exemptions
- Immunization information
- Students on a catch-up schedule who would be considered in-process
- Any students who are considered homeless under McKinney Vento



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# USING IMMUNIZATION WORKSHEETS

- The shaded portions of the worksheet are to help track serology and history of disease
- These numbers can be added into your regular totals
- Use these numbers when filling out the yearly survey

[illegible]

# USING IMMUNIZATION WORKSHEETS

[illegible]

- Totals and counts are the numbers used to fill out the School Immunization Survey

# **NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM AND THE CITYWIDE IMMUNIZATION REGISTRY**



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# NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS)

NYSIIS helps establish a complete, accurate, secure, real-time immunization medical record that is easily accessible to the public health workforce



# NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS)

- NYSIIS can be accessed by your school's HCS coordinator and/or nurse
- Schools will be able to save time in complying with safety and health regulations by using NYSIIS
- Provides immunization records that clearly show vaccinations and dates of administration
- Helps determine validity of spacing between doses of vaccine
- Reports whether doses of vaccine are age appropriate
- Reports whether intervals between doses are correct
- Electronic records located within NYSIIS are considered valid medical records for each student if they reflect the most current information available
- NYSIIS is only valid for immunizations and does not suffice for serology reports, history of disease, or medical exemptions

**If using NYSIIS for electronic record storage:  
An attestation will be included in the yearly survey to verify that your school is monitoring each student's record within NYSIIS to ensure it remains in compliance**

# FINDING NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS) RECORDS

- Finding a record in NYSIIS:
- Select manage patient from side panel
- Type in student specific criteria in two fields

The screenshot displays the NYSIIS (New York State Immunization Information System) interface. On the left is a dark blue sidebar with the 'nysiis' logo and the text 'New York State Immunization Information System'. Below this, it says 'Production Region 7.21' followed by a dotted line and a button labeled 'Patients manage patient'. To the right of the sidebar is a light blue area with an 'Announcements' section containing several entries, each marked with a yellow 'NEW' tag and a date: '10/21/2022', '09/23/2022', '05/11/2020', and '03/24/2020'. Further right is a 'Patient Search Criteria' form with fields for 'Last Name', 'First Name', 'Middle Name', 'Birth Date' (with a calendar icon), 'Mother's Maiden Last', and 'Mother's First Name'. To the right of these fields are 'Gender' (a dropdown menu), 'Phone' (three input boxes separated by dashes), and 'Patient ID' (a single input box). A 'Find' button is located at the top right of the form. A purple arrow points from the 'Patients manage patient' button in the sidebar to the 'Patient Search Criteria' form.




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# FINDING NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS) RECORDS


- Select the student from the list after searching patient criteria

**Patient Search Criteria**

Last Name	<input type="text" value="Account"/>	Gender	<input type="text" value="v"/>	<input type="button" value="Find"/>
First Name	<input type="text" value="Test"/>	Phone	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	
Middle Name	<input type="text"/>	Patient ID	<input type="text"/>	
Birth Date	<input type="text"/> 			
Mother's Maiden Last	<input type="text"/>			
Mother's First Name	<input type="text"/>			

Possible Matches: 2

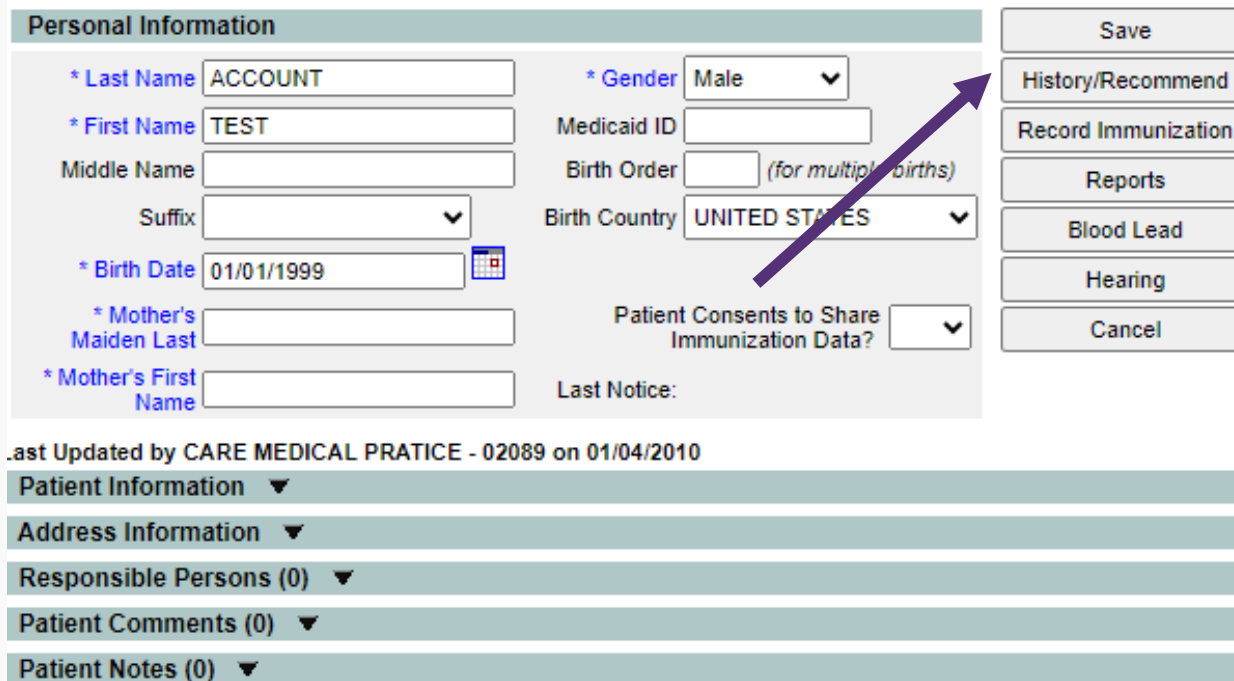
Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
<u>ACCOUNT</u>	TEST		01/01/1974				M	N
<u>ACCOUNT</u>	TEST		01/01/1999				M	N





# FINDING NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS) RECORDS

- The student's personal account will appear
- Select History/Recommend to look at immunization history



The screenshot shows the 'Personal Information' form in the NYSIIS system. The form includes fields for Last Name (ACCOUNT), First Name (TEST), Middle Name, Suffix, Birth Date (01/01/1999), Gender (Male), Medicaid ID, Birth Order, Birth Country (UNITED STATES), Mother's Maiden Last, Mother's First Name, Patient Consents to Share Immunization Data?, and Last Notice. To the right of the form is a vertical column of buttons: Save, History/Recommend, Record Immunization, Reports, Blood Lead, Hearing, and Cancel. A purple arrow points from the 'History/Recommend' button to the 'Birth Country' field.

Personal Information

\* Last Name ACCOUNT \* Gender Male

\* First Name TEST Medicaid ID

Middle Name Birth Order (for multiple births)

Suffix Birth Country UNITED STATES

\* Birth Date 01/01/1999

\* Mother's Maiden Last Patient Consents to Share Immunization Data?

\* Mother's First Name Last Notice:

Save

History/Recommend

Record Immunization

Reports

Blood Lead

Hearing

Cancel

Last Updated by CARE MEDICAL PRATICE - 02089 on 01/04/2010

Patient Information ▼

Address Information ▼

Responsible Persons (0) ▼

Patient Comments (0) ▼

Patient Notes (0) ▼

It is always best practice to check a student's personal information to make sure it is correct

# FINDING NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS) RECORDS

- Immunizations and dates will be listed along with a tracker to help determine a student's compliance

MMR	<a href="#">07/06/2010</a>	1 of 2	MMR [MMR II ®]	Full	<a href="#">No</a>			
	<a href="#">03/26/2013</a>	2 of 2	MMRV [Proquad ®]	Full	<a href="#">No</a>			
Pneumococcal	<a href="#">04/23/2009</a>	1 of 3	Pneumo-Conjugate 7 [Prevnar 7 ®]	Full	<a href="#">No</a>			
	<a href="#">07/27/2009</a>	2 of 3	Pneumo-Conjugate 7 [Prevnar 7 ®]	Full	<a href="#">No</a>			
Polio	<a href="#">04/23/2009</a>	1 of 4	DtaP-Hib-IPV [Pentacel ®]	Full	<a href="#">No</a>			
	<a href="#">06/15/2009</a>	2 of 4	DtaP-Hib-IPV [Pentacel ®]	Full	<a href="#">No</a>			
	<a href="#">07/27/2009</a>	3 of 4	DtaP-Hib-IPV [Pentacel ®]	Full	<a href="#">No</a>			
	<a href="#">03/26/2013</a>	4 of 4	DTaP-IPV [Kinrix ®]	Full	<a href="#">No</a>			
Td/Tdap	<a href="#">04/22/2019</a>	1 of 1	Tdap > 7 years	Full	<a href="#">No</a>			
Varicella	<a href="#">07/06/2010</a>	1 of 2	Varicella [Varivax ®]	Full	<a href="#">No</a>			
	<a href="#">03/26/2013</a>	2 of 2	MMRV [Proquad ®]	Full	<a href="#">No</a>			
Current Age: 15 years, 3 months, 8 days								
Vaccines Recommended by Selected Tracking Schedule						<a href="#">Add Selected</a>		
Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date			
<input checked="" type="checkbox"/>	<a href="#">COVID-19</a>	01/18/2023	01/18/2023	01/18/2023				
	<a href="#">DTP/aP</a>	Complete						
	<a href="#">HepA</a>	Complete						
	<a href="#">HepB</a>	Complete						
	<a href="#">Hib</a>	Complete						
	<a href="#">HPV</a>	Complete						
<input checked="" type="checkbox"/>	<a href="#">Influenza</a>	12/21/2022	08/01/2023	12/23/2023				
<input type="checkbox"/>	<a href="#">Mening</a>	02/26/2025	02/26/2025	02/26/2027	02/25/2031			
	<a href="#">MMR</a>	Complete						
	<a href="#">Pneumococcal</a>	Maximum Age Exceeded						
	<a href="#">Polio</a>	Complete						
<input type="checkbox"/>	<a href="#">Td/Tdap</a>	04/22/2024	04/22/2029	04/22/2029				
	<a href="#">Varicella</a>	Complete						
Risk Assessment and Lead Test Recommendations								



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# FINDING NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS) RECORDS

- Training materials for NYSIIS can be found on the Department of Health website
- We recommend that all school staff that participates in tracking student immunization records has a thorough understanding of how NYSIIS works

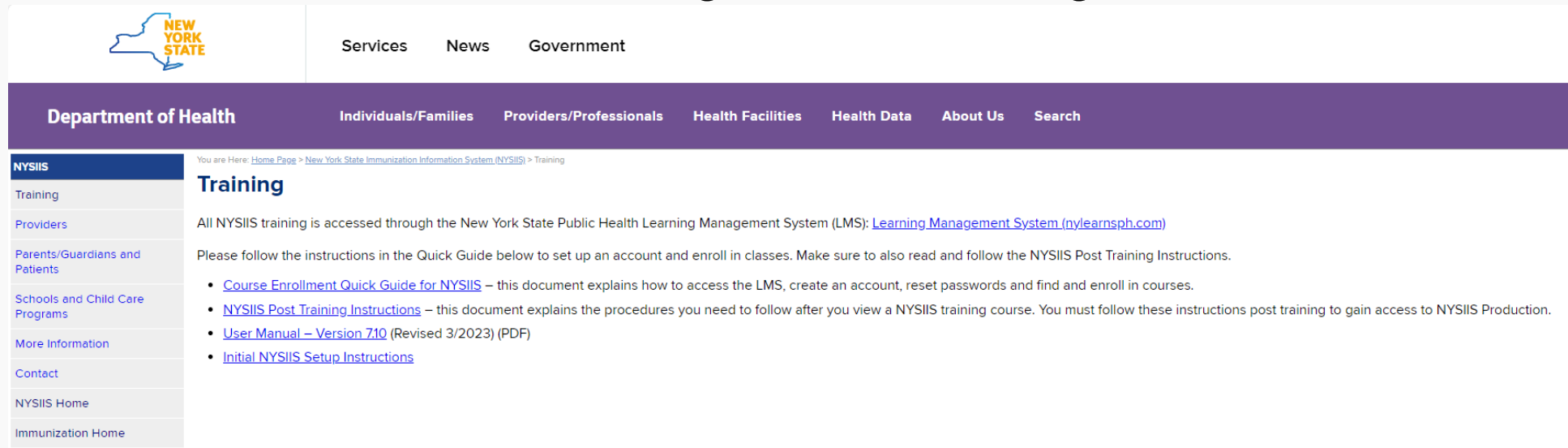


Image links to Training page

# CITYWIDE IMMUNIZATION REGISTRY (CIR)

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- CIR is an immunization database that contains vaccination records for children in New York City which includes:
  - Dates of immunizations
  - Appropriate spacing between doses based on child's age
- Electronic records located within CIR are considered valid medical records for each student if they reflect the most current information available
- CIR is only valid for immunizations and does not suffice for serology reports, history of disease, or medical exemptions
- CIR Information: [immunize.nyc/provider-client/servlet/PC](https://immunize.nyc/provider-client/servlet/PC)
- CIR Log-in: [immunize.nyc/provider-client/servlet/PC](https://immunize.nyc/provider-client/servlet/PC)

# CITYWIDE IMMUNIZATION REGISTRY (CIR)

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- For information about accessing CIR, and to set up an online account go to: [nyc.gov/site/doh/providers/reporting-and-services/cir-security-admin-info.page](https://nyc.gov/site/doh/providers/reporting-and-services/cir-security-admin-info.page)
- Call New York City Department of Health and Mental Hygiene: (347) 396-2400



# **OUTREACH, EDUCATION, AND AUDITS**



**Department  
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# SELECTION CRITERIA

There are several possible reasons for a school to be selected for an immunization record audit:

- **Random selection** – Schools are randomly selected to validate the data reported on the annual school immunization survey.
- **Outreach and education** – Schools are selected based on their survey data if they have low coverage rates or an unexpectedly high proportion of medical exemptions. Outreach, education, and immunization record audit represent an opportunity to collaborate with the school to address any misunderstandings related to the vaccination requirements.
- **Response to concerns** – We occasionally receive reports of concerns about schools not enforcing Public Health Law. Outreach, education and immunization record audit represent an opportunity to ensure that the school understands the importance of enforcing these policies to protect vulnerable populations in their school and in their wider community.
- **Non-Responders** – Schools that have not responded to the previous year's school immunization survey are more likely than responders to be selected for outreach, education, and immunization record audit.



# APPLICABLE LAWS AND REGS

**In accordance with Education Law §914, in compliance with PHL §2164:**

The New York State Department of Health  
“may conduct special audits of school immunization records at any time to ensure that students are adequately protected against vaccine-preventable diseases. Each school must provide the New York State Commissioner of Health or their designee with any redacted immunization records and/or reports required for the purpose of such audit in compliance with applicable State and federal confidentiality laws.”

- Local health departments are notified and often invited on both scheduled and unannounced audits
- Unannounced audits are not conducted randomly and are typically in response to previous audit requests being unanswered
- New York State and local health department officials will always have identification upon arrival at your institution for all educational visits and audits



# AUDITS

Types of audits:

- **Remote** – Primarily done electronically using encrypted documents
- **On-site** – A scheduled audit on the school's premises conducted by Department of Health staff
- **Unannounced On-site** – These visits are conducted in the case of a school being uncooperative or unresponsive to our audit request

Documents checked on an audit:

- Susceptible list
- School roster
- Randomly selected student records
- Immunization Policy (if the school has one)

# REMINDER

AUDITS DO NOT INDICATE THAT YOUR SCHOOL  
HAS BEEN REPORTED OR IS UNDER  
INVESTIGATION.

AUDITS DO REPRESENT AN OPPORTUNITY FOR  
STRENGTHENED COLLABORATION .

# RESOURCES



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# PUBLIC HEALTH LAW § 2164

PUBLIC HEALTH LAW § 2164:

[health.ny.gov/prevention/immunization/schools/docs/p\\_hl\\_title\\_vi.pdf](https://health.ny.gov/prevention/immunization/schools/docs/p_hl_title_vi.pdf)

SubPart 66-1 School Immunization Requirements:

[regs.health.ny.gov/volume-1a-title-10/content/subpart-66-1-school-immunization-requirements](https://regs.health.ny.gov/volume-1a-title-10/content/subpart-66-1-school-immunization-requirements)



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ACIP catch-up schedule:

[cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](https://cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)

CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases, a.k.a. the "Pink Book," provides information on vaccines and the diseases they prevent: [cdc.gov/pinkbook/hcp/table-of-contents/](https://cdc.gov/pinkbook/hcp/table-of-contents/)

CDC Safety, Multiple Vaccines at Once:

[cdc.gov/vaccine-safety/about/multiples.html](https://cdc.gov/vaccine-safety/about/multiples.html)



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# IMMUNIZATION REQUIREMENTS

Schools Page: [health.ny.gov/prevention/immunization/schools](https://health.ny.gov/prevention/immunization/schools)  
2025-26 School Year New York State Immunization Requirements for  
School Entrance/Attendance: [health.ny.gov/publications/2370n.pdf](https://health.ny.gov/publications/2370n.pdf)  
Spanish: [health.ny.gov/publications/2405n.pdf](https://health.ny.gov/publications/2405n.pdf)  
Arabic: [health.ny.gov/publications/2497.pdf](https://health.ny.gov/publications/2497.pdf)  
Bengali: [health.ny.gov/publications/2498.pdf](https://health.ny.gov/publications/2498.pdf)  
Burmese: [health.ny.gov/publications/17387.pdf](https://health.ny.gov/publications/17387.pdf)  
Chinese: [health.ny.gov/publications/2491.pdf](https://health.ny.gov/publications/2491.pdf)  
French: [health.ny.gov/publications/17378.pdf](https://health.ny.gov/publications/17378.pdf)  
Haitian Creole: [health.ny.gov/publications/2492.pdf](https://health.ny.gov/publications/2492.pdf)  
Hindi: [health.ny.gov/publications/17388.pdf](https://health.ny.gov/publications/17388.pdf)  
Italian: [health.ny.gov/publications/2493.pdf](https://health.ny.gov/publications/2493.pdf)  
Japanese: [health.ny.gov/publications/17389.pdf](https://health.ny.gov/publications/17389.pdf)  
Korean: [health.ny.gov/publications/2494.pdf](https://health.ny.gov/publications/2494.pdf)  
Nepali: [health.ny.gov/publications/17390.pdf](https://health.ny.gov/publications/17390.pdf)  
Polish: [health.ny.gov/publications/17093.pdf](https://health.ny.gov/publications/17093.pdf)  
Russian: [health.ny.gov/publications/2495.pdf](https://health.ny.gov/publications/2495.pdf)  
Urdu: [health.ny.gov/publications/17385.pdf](https://health.ny.gov/publications/17385.pdf)  
Yiddish: [health.ny.gov/publications/17092.pdf](https://health.ny.gov/publications/17092.pdf)



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# MEDICAL EXEMPTIONS

Medical Exemption: [health.ny.gov/forms/doh-5077.pdf](https://health.ny.gov/forms/doh-5077.pdf)

Medical Exemption Procedures:

[health.ny.gov/professionals/doctors/conduct/docs/medical\\_exemption\\_review\\_procedures\\_for\\_schools.pdf](https://health.ny.gov/professionals/doctors/conduct/docs/medical_exemption_review_procedures_for_schools.pdf)

New York City Medical Exemption:

[schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English](https://schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English)



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# SCHOOL SURVEY AND WORKSHEETS

School Immunization Requirements Handbook:  
[commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs](https://commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs)

## Immunization Worksheets

Daycare and Pre-K:

[health.ny.gov/prevention/immunization/schools/docs/imm\\_worksheet\\_daycare\\_pre\\_k\\_template.pdf](https://health.ny.gov/prevention/immunization/schools/docs/imm_worksheet_daycare_pre_k_template.pdf)

K-12:

[health.ny.gov/prevention/immunization/schools/docs/k\\_12\\_imm\\_worksheet\\_template.pdf](https://health.ny.gov/prevention/immunization/schools/docs/k_12_imm_worksheet_template.pdf)



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# HEALTH COMMERCE SYSTEM (HCS) AND NEW YORK STATE IMMUNIZATION INFORMATION SYSTEM (NYSIIS)

HCS:

[commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)

Password Reset:

[commerce.health.state.ny.us/public/fpf\\_qrg.pdf](https://commerce.health.state.ny.us/public/fpf_qrg.pdf)

Accessing and Completing K-12 School Immunization  
Survey Instructions:

[health.ny.gov/prevention/immunization/schools/docs/2024-25\\_school\\_imm\\_survey\\_instructions.pdf](https://health.ny.gov/prevention/immunization/schools/docs/2024-25_school_imm_survey_instructions.pdf)

NYSIIS Information:

[health.ny.gov/prevention/immunization/information\\_system/](https://health.ny.gov/prevention/immunization/information_system/)

# NEW YORK CITY IMMUNIZATION INFORMATION

New York City Medical Exemption:

[schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English](https://schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English)

Citywide Immunization Registry (CIR):

[immunize.nyc/provider-client/servlet/PC](https://immunize.nyc/provider-client/servlet/PC)

CIR Account Info:

[nyc.gov/site/doh/providers/reporting-and-services/cir-security-admin-info.page](https://nyc.gov/site/doh/providers/reporting-and-services/cir-security-admin-info.page)

New York City Department of Health and Mental Hygiene: [school\\_immunizations@health.nyc.gov](mailto:school_immunizations@health.nyc.gov)  
or (347) 396-2400



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# EDUCATIONAL RESOURCES

Schools Page: [health.ny.gov/prevention/immunization/schools](https://health.ny.gov/prevention/immunization/schools)

ACIP catch-up schedule: [cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html](https://cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html)

Medical Exemption Procedures:

[health.ny.gov/professionals/doctors/conduct/docs/medical\\_exemption\\_review\\_procedures\\_for\\_schools.pdf](https://health.ny.gov/professionals/doctors/conduct/docs/medical_exemption_review_procedures_for_schools.pdf)

Immunization Worksheets:

- Daycare and Pre-K:

[health.ny.gov/prevention/immunization/schools/docs/imm\\_worksheet\\_daycare\\_pre\\_k\\_template.pdf](https://health.ny.gov/prevention/immunization/schools/docs/imm_worksheet_daycare_pre_k_template.pdf)

- K-12:

[health.ny.gov/prevention/immunization/schools/docs/imm\\_worksheet\\_daycare\\_pre\\_k\\_template.pdf](https://health.ny.gov/prevention/immunization/schools/docs/imm_worksheet_daycare_pre_k_template.pdf)

Quick Chart of Vaccine-Preventable Disease Terms in Multiple:

[immunize.org/catg.d/p5122.pdf](https://immunize.org/catg.d/p5122.pdf)

Vaccination Record Translation:

[forms.web.health.state.mn.us/form/vaxref](https://forms.web.health.state.mn.us/form/vaxref)

available languages: українська (Ukrainian), Русский (Russian), Español (Spanish), Français (French), Português (Portuguese)



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# PARTNERING AGENCIES

New York State Education Department (NYSED): [nysed.gov/](https://nysed.gov/)  
Know Your Rights - Free Public Education:  
[ag.ny.gov/sites/default/files/letters/kyr-ed.pdf](https://ag.ny.gov/sites/default/files/letters/kyr-ed.pdf)

New York State Center for School Health: [schoolhealthny.com/](https://schoolhealthny.com/)  
McKinney-Vento Homeless Education:  
[nysed.gov/essa/mckinney-vento-homeless-education](https://nysed.gov/essa/mckinney-vento-homeless-education)

New York State Technical and Education Assistance Center for  
Homeless Students: [nysteachs.org](https://nysteachs.org)

- Helpline for questions about school-related issues 800-388-2014

State Homeless Program Coordinator: [conappta@nysed.gov](mailto:conappta@nysed.gov)  
(use the subject line: homeless)

- 518-473-0295

Office of Temporary and Disability Assistance (OTDA):  
[otda.ny.gov/](https://otda.ny.gov/)

Refugee Services: [otda.ny.gov/programs/bria/](https://otda.ny.gov/programs/bria/)  
Contact: [bria.contact@otda.ny.gov](mailto:bria.contact@otda.ny.gov)

# CONTACTS

Online School Assessment Survey: [OSAS@health.ny.gov](mailto:OSAS@health.ny.gov)

New York State Immunization Information System (NYSIIS): [nysiis@health.ny.gov](mailto:nysiis@health.ny.gov)

NYS Division of Vaccine Excellence: (518) 473-4437

County Health Departments:  
[health.ny.gov/contact/contact\\_information/](https://health.ny.gov/contact/contact_information/)

New York City Department of Health and Mental Hygiene:  
School Unit Hotline: (347) 396-2433

New York City Immunization Compliance:  
[School\\_Immunizations@health.nyc.gov](mailto:School_Immunizations@health.nyc.gov)

Citywide Immunization Registry: [cir@health.nyc.gov](mailto:cir@health.nyc.gov)



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# REGIONAL CONTACTS

Capital District Regional Office: 518-473-4437

Central NY Regional Office: 315-477-8164

Buffalo Office: 716-847-4501

Rochester Office: 585-423-8097

New Rochelle Office: 914-654-7149

Middletown Office: 845-794-2045

Central Islip Office: 631-851-3096



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