NEW YORK STATE | Department of Health

# Overview of 2026-27 School Year Immunization Requirements

Updated June 2026

# DIVISION OF VACCINE EXCELLENCE

# BUREAU OF SCHOOL IMMUNIZATIONS

Monitors the implementation of school immunization requirements in New York State to attain and maintain compliance with Public Health Law Section 2164 (PHL §2164) through surveys and audits.

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# 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 and improve lives of children and adults
- Reduce costs of medical expenditures for individuals and communities

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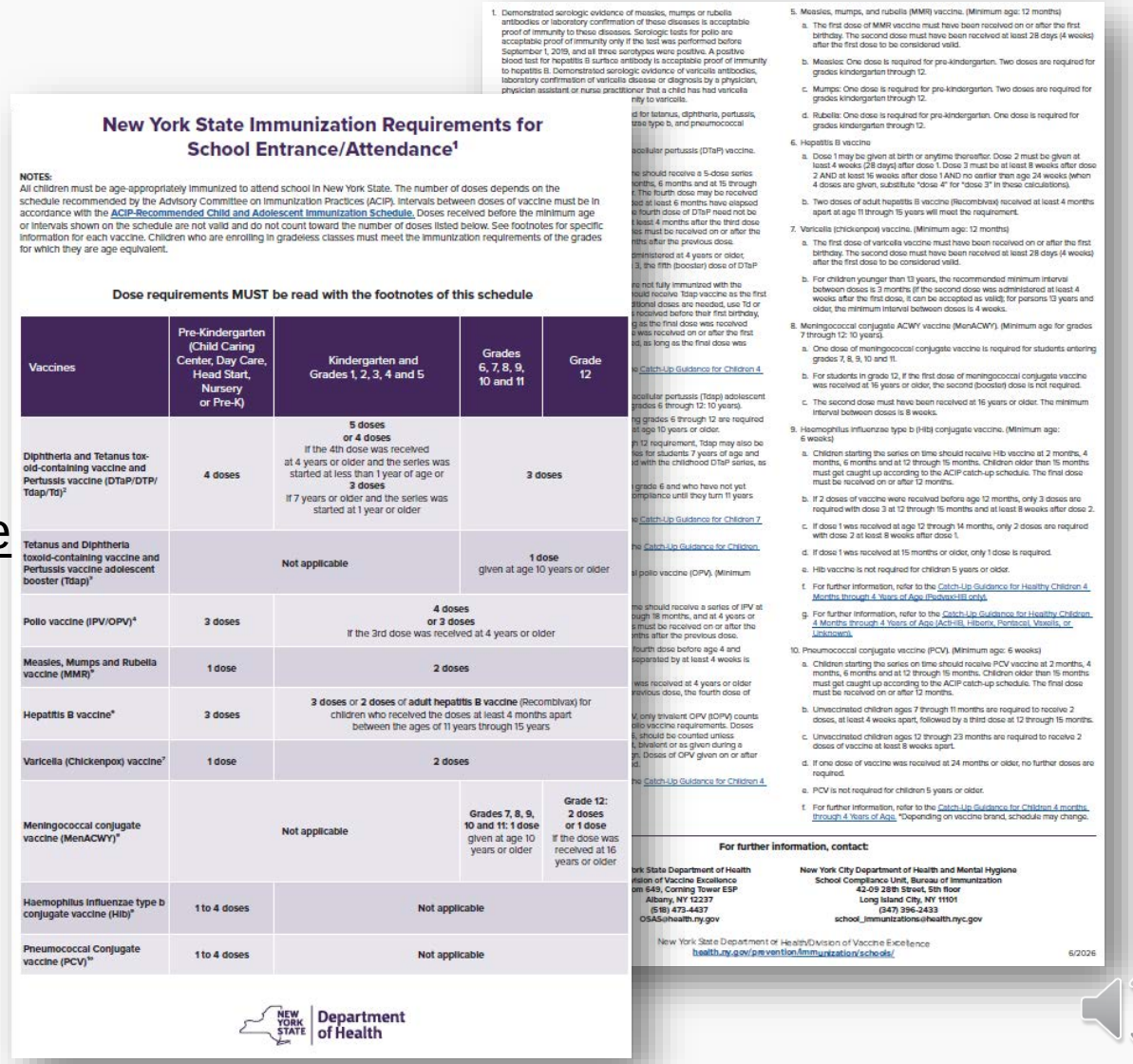
# IMMUNIZATION REQUIREMENTS 2026-27

2026-27 School Year New York State Immunization Requirements for School Entrance/Attendance Document: [health.ny.gov/publications/2370.pdf](health.ny.gov/publications/2370.pdf)

**Translated into 17 languages:**
Spanish, Arabic, Bengali, Burmese, Chinese, French, Haitian Creole, Hindi, Italian, Japanese Korean, Nepali, Polish, Portuguese, Russian, Urdu, Yiddish (PDF)



## New York State Immunization Requirements for School Entrance/Attendance[1]

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

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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 ... nity to varicella.

... d for tetanus, diphtheria, pertussis, ... ae type b, and pneumococcal

... acellular pertussis (DTaP) vaccine.

... he should receive a 5-dose series ... months, 6 months and at 15 through ... The fourth dose may be received ... od at least 6 months have elapsed ... fourth dose of DTaP need not be ... least 4 months after the third dose ... as must be received on or after the ... nths after the previous dose. ... dministered at 4 years or older, ... 3, the fifth (booster) dose of DTaP

... re not fully immunized with the ... hould receive Tdap vaccine as the first ... ditional doses are needed, use Td or ... received before their first birthday, ... g as the final dose was received ... was received on or after the first ... old, as long as the final dose was

... e Catch-Up Guidance for Children 4

... acellular pertussis (Tdap) adolescent ... grades 6 through 12: 10 years). ... g grades 6 through 12 are required ... at age 10 years or older. ... h 12 requirement, Tdap may also be ... ss for students 7 years of age and ... d with the childhood DTaP series, as

... grade 6 and who have not yet ... ompliance until they turn 11 years

... e Catch-Up Guidance for Children 7

... he Catch-Up Guidance for Children

... l polio vaccine (OPV). (Minimum

... he should receive a series of IPV at ... ough 18 months, and at 4 years or ... s must be received on or after the ... nths after the previous dose. ... fourth dose before age 4 and ... separated by at least 4 weeks is

... was received at 4 years or older ... revious dose, the fourth dose of

... , only trivalent OPV (tOPV) counts ... olio vaccine requirements. Doses ... , should be counted unless ... , bivalent or as given during a ... n. Doses of OPV given on or after ... d.

... he Catch-Up Guidance for Children 4

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: One dose is required for pre-kindergarten. One dose is required for grades kindergarten through 12.
6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 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.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.
   f. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (PedvaxHIB only).
   g. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (ActiHIB, Hiberix, Pentacel, Vaxelis, or Unknown).
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
   c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
   d. If one dose of vaccine was received at 24 months or older, no further doses are required.
   e. PCV is not required for children 5 years or older.
   f. For further information, refer to the Catch-Up Guidance for Children 4 months through 4 Years of Age. *Depending on vaccine brand, schedule may change.

**For further information, contact:**

**...rk State Department of Health**
**...ision of Vaccine Excellence**
**...m 649, Corning Tower ESP**
**Albany, NY 12237**
**(518) 473-4437**
**OSAS@health.ny.gov**

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

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

6/2026

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# YEARLY REQUIREMENTS FOR SCHOOLS

School is defined as any public, private or parochial child caring center, day nursery, day care agency, nursery school, head start, pre-kindergarten, kindergarten, elementary, intermediate or secondary school

Schools must:

- Maintain accessible database of current immunization records for each student in accordance with the PHL §2164
- Complete the required annual School Immunization Survey

NYS GOES #VAX to SCHOOL SAFELY.

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# IMMUNIZATION 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

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

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# 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 immunization record
  - New York State Immunization Information System (NYSIIS)
  - Citywide Immunization Registry (CIR)
  - From a doctor's office
- Official record from another state
- Record from a foreign nation
  - An official record from a foreign nation
  - An unofficial record reviewed and signed by a licensed health practitioner in NYS
- School health record
  - Record transferred directly from another school

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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 Advisory Committee on Immunization Practices (ACIP) Recommended Catch-up Immunization Schedule for Child and Adolescents
- Appropriate intervals must follow the Advisory Committee on Immunization Practices (ACIP) Recommended Catch-up Immunization Schedule for Child and Adolescents
- Schools may not refuse admission to a child who meets the definition of in-process to complete the required immunizations

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# ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) RECOMMENDED CATCH-UP IMMUNIZATION SCHEDULE

**Table 2** Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

| Vaccine | Minimum Age for Dose 1 | Minimum Interval Between Doses | | | |
|---|---|---|---|---|---|
| | | Dose 1 to Dose 2 | Dose 2 to Dose 3 | Dose 3 to Dose 4 | Dose 4 to Dose 5 |
| **Children age 4 months through 6 years** | | | | | |
| Hepatitis B | Birth | **4 weeks** | **8 weeks *and* at least 16 weeks after first dose**<br>minimum age for the final dose is 24 weeks | | |
| Rotavirus | 6 weeks<br>Maximum age for first dose is 14 weeks, 6 days. | **4 weeks** | **4 weeks**<br>maximum age for final dose is 8 months, 0 days | | |
| Diphtheria, tetanus, and acellular pertussis | 6 weeks | **4 weeks** | **4 weeks** | **6 months** | **6 months**<br>A fifth dose is not necessary if the fourth dose was administered at age 4 years or older ***and*** at least 6 months after dose 3 |
| *Haemophilus influenzae* type b | 6 weeks | **No further doses needed**<br>if first dose was administered at age 15 months or older.<br>**4 weeks**<br>if first dose was administered before the 1st birthday.<br>**8 weeks (as final dose)**<br>if first dose was administered at age 12 through 14 months. | **No further doses needed**<br>if previous dose was administered at age 15 months or older<br>**4 weeks**<br>if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hibativ), Vaxelis or unknown<br>**8 weeks *and* age 12 through 59 months (as final dose)**<br>if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; **OR**<br>if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; **OR**<br>if both doses were PedvaxHIB and were administered before the 1st birthday | **8 weeks (as final dose)**<br>This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday. | |
| Pneumococcal conjugate | 6 weeks | **No further doses needed** for healthy children if first dose was administered at age 24 months or older<br>**4 weeks**<br>if first dose was administered before the 1st birthday<br>**8 weeks (as final dose for healthy children)**<br>if first dose was administered at the 1st birthday or after | **No further doses needed**<br>for healthy children if previous dose was administered at age 24 months or older<br>**4 weeks**<br>if current age is younger than 12 months ***and*** previous dose was administered at <7 months old<br>**8 weeks (as final dose for healthy children)**<br>if previous dose was administered between 7–11 months (wait until at least 12 months old); **OR**<br>if current age is 12 months or older ***and*** at least 1 dose was administered before age 12 months | **8 weeks (as final dose)**<br>This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months. | |
| Inactivated poliovirus | 6 weeks | **4 weeks** | **4 weeks**<br>if current age is <4 years<br>**6 months (as final dose)**<br>if current age is 4 years or older | **6 months (minimum age 4 years for final dose)** | |
| Measles, mumps, rubella | 12 months | **4 weeks** | | | |
| Varicella | 12 months | **3 months** | | | |
| Hepatitis A | 12 months | **6 months** | | | |
| Meningococcal ACWY | 2 months MenACWY-CRM<br>2 years MenACWY-TT | **8 weeks** | See Notes | See Notes | |
| **Children and adolescents age 7 through 18 years** | | | | | |
| Meningococcal ACWY | Not applicable (N/A) | **8 weeks** | | | |
| Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis | 7 years | **4 weeks** | **4 weeks**<br>if first dose of DTaP/DT was administered before the 1st birthday<br>**6 months (as final dose)**<br>if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday | **6 months**<br>if first dose of DTaP/DT was administered before the 1st birthday | |
| Human papillomavirus | 9 years | **Routine dosing intervals are recommended.** | | | |
| Hepatitis A | N/A | **6 months** | | | |
| Hepatitis B | N/A | **4 weeks** | **8 weeks *and* at least 16 weeks after first dose** | | |
| Inactivated poliovirus | N/A | **4 weeks** | **6 months**<br>A fourth dose is not necessary if the third dose was administered at age 4 years or older ***and*** at least 6 months after the previous dose. | A fourth dose of IPV is indicated if all previous doses were administered at <4 years **OR** if the third dose was administered <6 months after the second dose. | |
| Measles, mumps, rubella | N/A | **4 weeks** | | | |
| Varicella | N/A | **3 months** if younger than age 13 years.<br>**4 weeks** if age 13 years or older | | | |
| Dengue | 9 years | **6 months** | 6 months | | |

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[The Advisory Committee on Immunization Practices (ACIP) Catch-up Schedule]

Table 2 contains the schedule with required minimum ages and intervals between doses

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# 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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# SEROLOGY/TITER REPORT

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

Positive test 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

***Serological evidence can only be accepted from a certified lab. Serology cannot be accepted from NYSIIS or if it is noted on a record.**

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# ACCEPTABLE TIMELINE FOR SEROLOGICAL TESTING

- If a student has not provided any indication of serological testing (or titers) being performed within the first 14-days of school or within 14 days of a hep B, MMR or varicella dose being due, they must be excluded until they can provide proof that they have had blood drawn and are waiting on results
- The student may return to school for up to 14 calendar days while results are pending
- If the lab report is returned showing positive results, this satisfies the requirement as proof of immunity to the disease, and the student is now compliant. Serological testing does not need to be repeated
- If the lab report shows equivocal or negative results, the student has 30 calendar days to receive the vaccine. If the student does not receive the vaccine during this time, they must be excluded
- This process can only be utilized once. If the student wishes to repeat serological testing, they must be excluded and can only return when they can provide proof of immunity through a positive lab report or proof of vaccination

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# IMPORTANT

NO STUDENT IS PERMITTED TO ATTEND SCHOOL FOR MORE THAN 14 CALENDAR DAYS* AFTER THEIR FIRST DAY OF SCHOOL WITHOUT BEING IN-PROCESS OR UP TO DATE WITH NEW YORK STATE IMMUNIZATION REQUIREMENTS

* 30 CALENDAR DAYS FOR STUDENTS TRANSFERRING FROM OUT-OF-STATE OR ANOTHER COUNTRY

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# 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

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

**Contact OSAS@health.ny.gov for any questions regarding medical exemptions**

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)

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# MEDICAL EXEMPTIONS

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

- Medical Exemption Review Procedures for Schools Outside New York City (PDF)
- Guidance on Immunization-Related Medical Exemptions for School-Aged Children (PDF)
- If a New York State licensed physician certifies that an immunization may be 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)
- Schools in New York State are unable to accept any medical exemptions that are not written by physicians (MD/DO) licensed to practice medicine in NYS
- Schools are obligated to follow PHL §2164, which is outlined by New York Codes, Rules, and Regulations Subpart 66-1
- Federal medical exemptions or doctor's notes do not meet New York State requirements

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# 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 which should include:
  - All students with medical exemptions (pending or approved)
  - All students who are considered to be in-process
  - All students who are protected under the McKinney-Vento Act that are not up-to-date with one or more immunizations
- Non-compliant excluded students should be kept on a separate exclusion list

**EXAMPLE LIST OF SUSCEPTIBLE STUDENTS**
**(Missing or Incomplete Immunizations)**

| Student Name | DOB | DTaP (Diphtheria, Tetanus, Pertussis) | IPV (Polio) | MMR (Measles, Mumps, Rubella) | Varicella | HepB | Tdap (Tetanus, Diphtheria, Pertussis) | MenACWY | Reason Susceptible (Medical Exemption or *In Process*) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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# 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.

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# EXCEPTIONS & EXCLUSIONS

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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, with **three exceptions**:

1. The 6th grade Tdap booster dose must be received on or after the 10th birthday
2. The first dose of the required meningococcal vaccine must be received on or after the 10th birthday
3. Two different live virus vaccines must be administered at least 28 days apart (if not administered on the same day), otherwise the second dose must be repeated

| Live Vaccines | |
|---|---|
| Required | Not Required |
| Measles<br>Mumps<br>Rubella<br>Varicella | FluMist Influenza |

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# 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

The vast majority of homeless students have been enrolled in school before and have had required immunizations

NEW YORK STATE | Department of Health

# REFUGEE ASYLEE CHILDREN ATTENDING SCHOOLS IN NEW YORK STATE

- Refugee, asylee and asylum-applicant children who are uninsured, underinsured, and/or Medicaid-eligible may receive any missing vaccinations through the Vaccines for Children (VFC) Program
- For those without records, positive serology tests for approved vaccines are an option along with revaccination
- 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

NEW YORK STATE | Department of Health

# EXCLUSION

**Students who are out of compliance with PHL §2164 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

NEW YORK STATE | Department of Health

# IN THE EVENT OF A DISEASE OUTBREAK

## CONTACT YOUR LOCAL HEALTH DEPARTMENT

- Students included on the school's susceptible list may need to be excluded in the event of a disease outbreak if the disease of the outbreak is the same disease that the student has not been completely immunized against
- Your local health department will provide direction on which students must be excluded from school, and when they can return

NEW YORK STATE | Department of Health

# NOTIFICATION OF EXCLUSION

- Notify parent or guardian of exclusion and their responsibility to have the student immunized
- Notify local health department of name and address of student and identify the immunizations the student needs
- 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 for questions regarding exclusions

NEW YORK STATE | Department of Health

# ANNUAL SCHOOL IMMUNIZATION SURVEY REVIEW

NEW YORK STATE | Department of Health

# ANNUAL MANDATED SCHOOL IMMUNIZATION SURVEYS

PHL §2164 mandates each school complete an annual survey to summarize compliance with the vaccine requirements previously outlined.

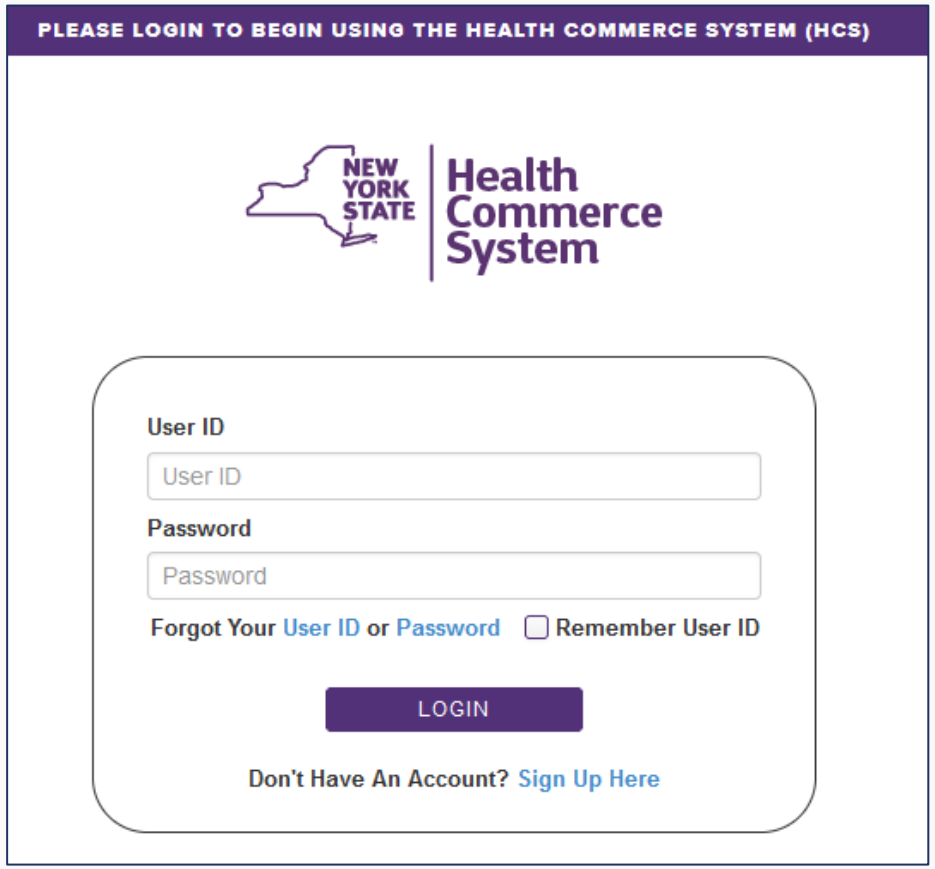
The NYS DOH Pre-K through 12 School Immunization Survey is completed annually each fall and would apply to the following school types:

- Pre-Kindergarten programs housed within and administered by a school
- Schools (Public, Private, Charter, BOCES, OCFS) that house Kindergarten through 12th grade

***Please note, New York City Public and Charter Schools should NOT complete the NYS DOH Immunization survey because their data is reported by the New York City Department of Health and Mental Hygiene on their behalf.***

NEW YORK STATE | Department of Health

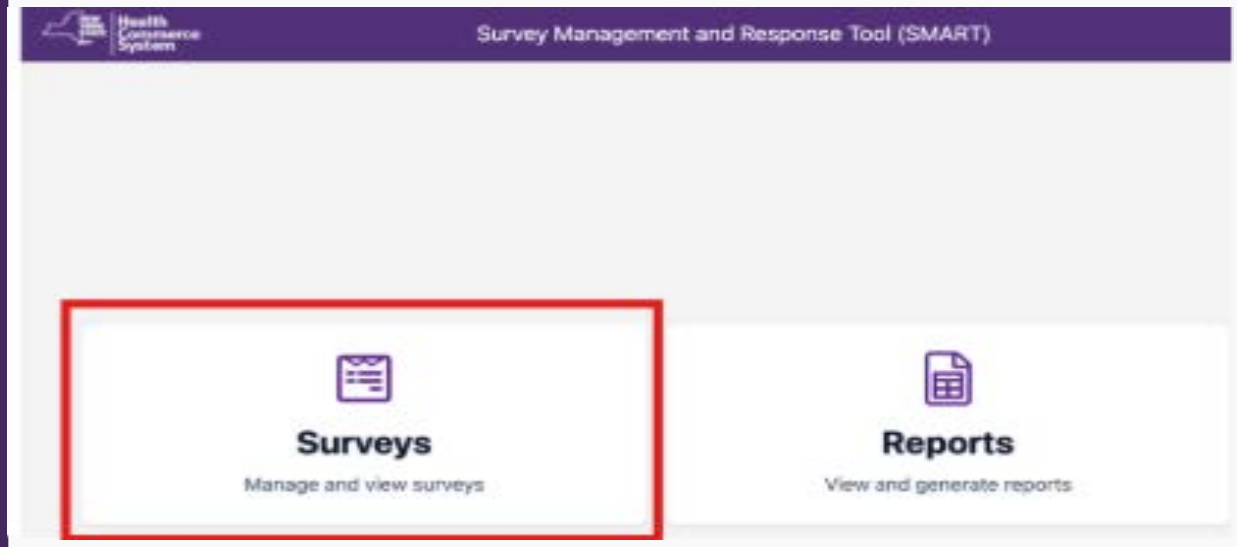
# NYS DOH SCHOOL IMMUNIZATION SURVEY ACCESS

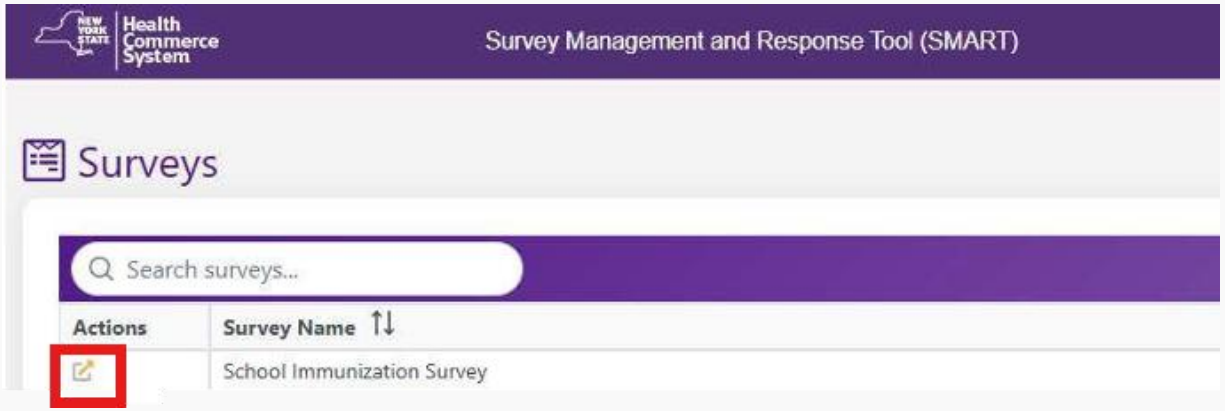



- The survey will be accessed through the Health Commerce System (HCS) via the Survey Management and Response Tool (SMART).
- HCS is a secure, web-based portal operated by the NYS DOH that serves as a central hub for mandatory health reporting, emergency, administrative, and clinical applications.
- Each individual organization/school must have an HCS account and should have the appropriate individual roles assigned.
- HCS Instructions (account creation, affiliation, and maintenance): Immunization Survey HCS Access Instructions

NEW YORK STATE Department of Health

# NYS DOH SCHOOL IMMUNIZATION SURVEY COMPLETION




- Access SMART via HCS or by direct link *(HCS credentials are required)*:
  - https://smartforms.health.ny.gov/home
- View all surveys applicable to your affiliated organization(s) through the Surveys application.
- Find the appropriate survey and click the open icon under the Actions column.
- If you have access to multiple organizations within HCS, please ensure you are entering the correct data under the intended organization.
- Do NOT combine multiple locations into a single survey.
- Additional instructions/resources:
  - School Immunization Survey Instructions
  - School Immunization Survey Instruction Video

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# IMMUNIZATION WORKSHEETS

The New York State Department of Health Immunization Worksheets can be used to determine student compliance with the immunization requirements and assist in completing the annual Immunization Surveys.

Current worksheets:

- Day Care and Pre-K Immunization Worksheet
- Pre-K through 12 Immunization Worksheet

Please note, we recommend checking the NYSDOH School Immunizations Website during each survey cycle to ensure you have the most up to date version available as changes will be made as required.

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# NYS DOH SCHOOL IMMUNIZATION SURVEY SUPPORT

If account creation and setup is needed or additional assistance is required to complete the survey, please reach out to our team for help.

**Email**: OSAS@health.ny.gov

**Phone**: 518-474-1944

NEW YORK STATE | Department of Health

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

NEW YORK STATE | Department of Health

# VACCINE FRAUD INVESTIGATIONS

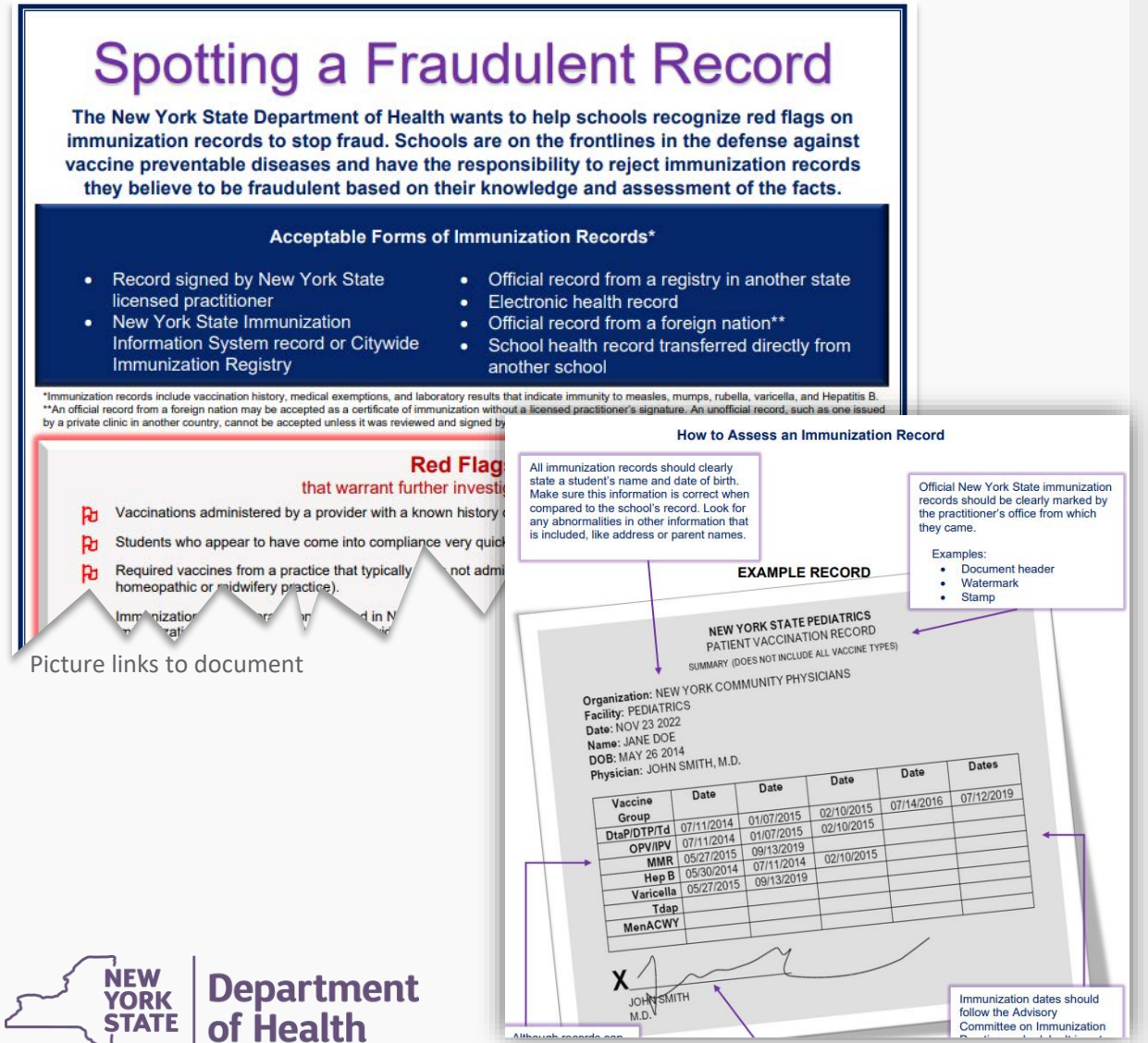
The school has the right and responsibility to deny any records or request additional supporting documents if the school believes the records are not legitimate

Report any suspected vaccine fraud to stopvaxfraud@health.ny.gov

NEW YORK STATE | Department of Health

- Vaccine fraud has become more prevalent since the removal of religious exemptions
- When new cases of fraud come to light:
  - The Department of Health will alert all affected 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
- If the school becomes aware of a student with a fraudulent vaccination record, the school is legally required to exclude the student until valid proof of immunization is provided

# 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

**Red Flag**
that warrant further investi

- Vaccinations administered by a provider with a known history
- Students who appear to have come into compliance very quick
- Required vaccines from a practice that typically not admi homeopathic or midwifery practice).

Picture links to document



**How to Assess an Immunization Record**

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/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 | | | |
| Tdap | | | | | |
| MenACWY | | | | | |

X
JOHN SMITH
M.D.

Immunization dates should follow the Advisory Committee on Immunization

- Be aware of ongoing issues: [health.ny.gov/prevention/immunization/schools/fraud.htm](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

NEW YORK STATE | Department of Health

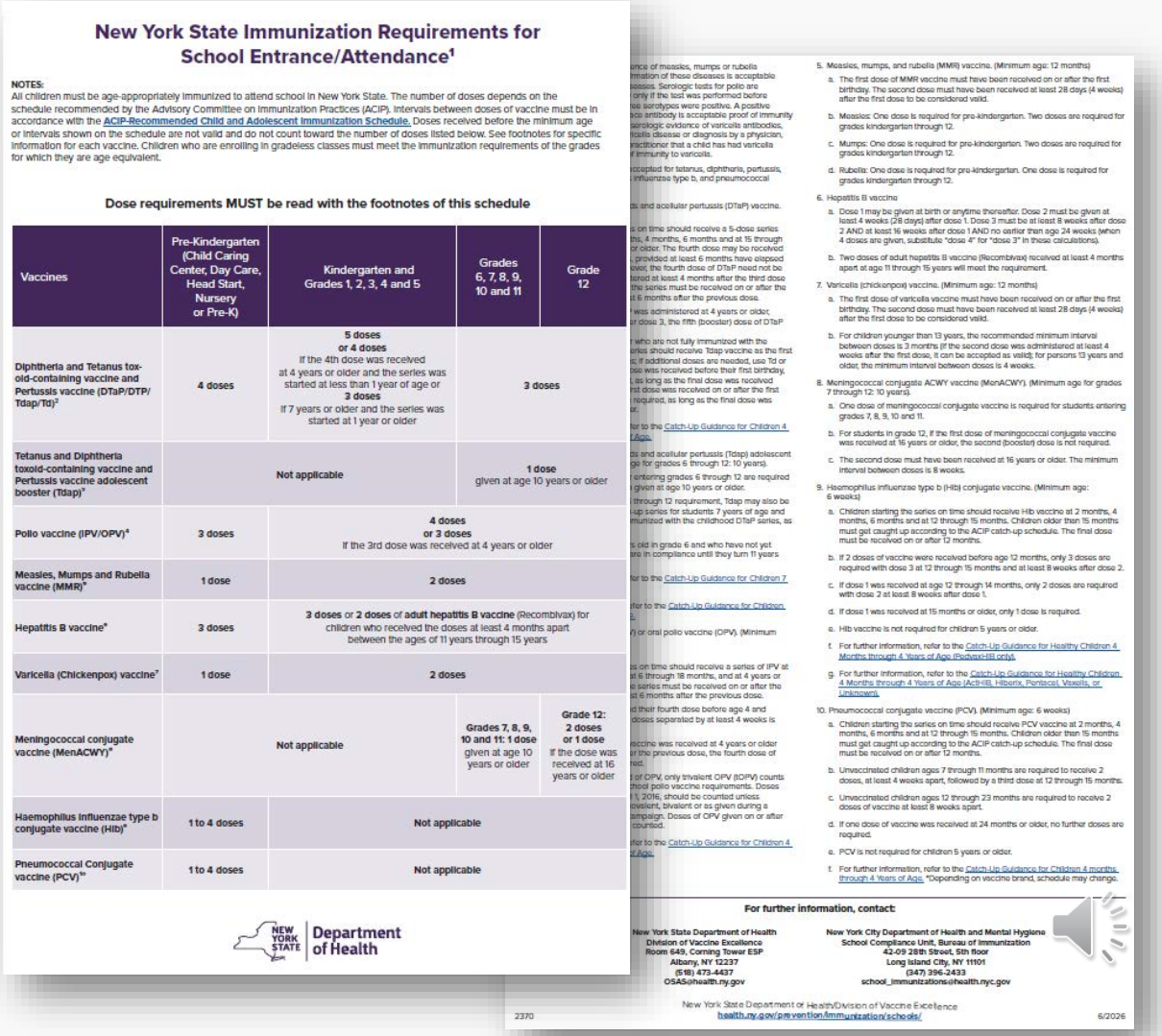
# 2026-27 SCHOOL YEAR NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ATTENDANCE DOCUMENT

NEW YORK STATE | Department of Health

# IMMUNIZATION REQUIREMENTS 2026-27

2026-27 School Year New York State Immunization Requirements for School Entrance/Attendance Document: health.ny.gov/publications/2370.pdf

Spanish, Arabic, Bengali, Burmese, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Russian, Urdu, Yiddish, Portuguese



## New York State Immunization Requirements for School Entrance/Attendance[1]

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

New York State Department of Health

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: One dose is required for pre-kindergarten. One dose is required for grades kindergarten through 12.
6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 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.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.
   f. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (PedvaxHIB only).
   g. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (ActiHIB, Hiberix, Pentacel, Vaxelis, or Unknown).
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
   c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
   d. If one dose of vaccine was received at 24 months or older, no further doses are required.
   e. PCV is not required for children 5 years or older.
   f. For further information, refer to the Catch-Up Guidance for Children 4 months through 4 Years of Age. *Depending on vaccine brand, schedule may change.

**For further information, contact:**

New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437
OSAS@health.ny.gov

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

2370 New York State Department of Health/Division of Vaccine Excellence health.ny.gov/prevention/immunization/schools/ 6/2026

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

## PRE-K ONLY

### New York State Immunization Requirements for School Entrance/Attendance[1]

OTES:
ll children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the chedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in ccordance with the ACIP-Recommended Child and Adolescent Immunization Schedule. Doses received before the minimum age r intervals shown on the schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific formation for each vaccine. Children who are enrolling in gradeless classes must meet the immunization requirements of the grades or which they are age equivalent.

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

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

NEW YORK STATE | Department of Health

| Vaccines | Pre-Kindergarten (Child Caring Center, Day Care, Head Start, Nursery or Pre-K) |
|---|---|
| Haemophilus influenzae type b conjugate vaccine (Hib)[9] | 1 to 4 doses |
| Pneumococcal Conjugate vaccine (PCV)[10] | 1 to 4 doses |

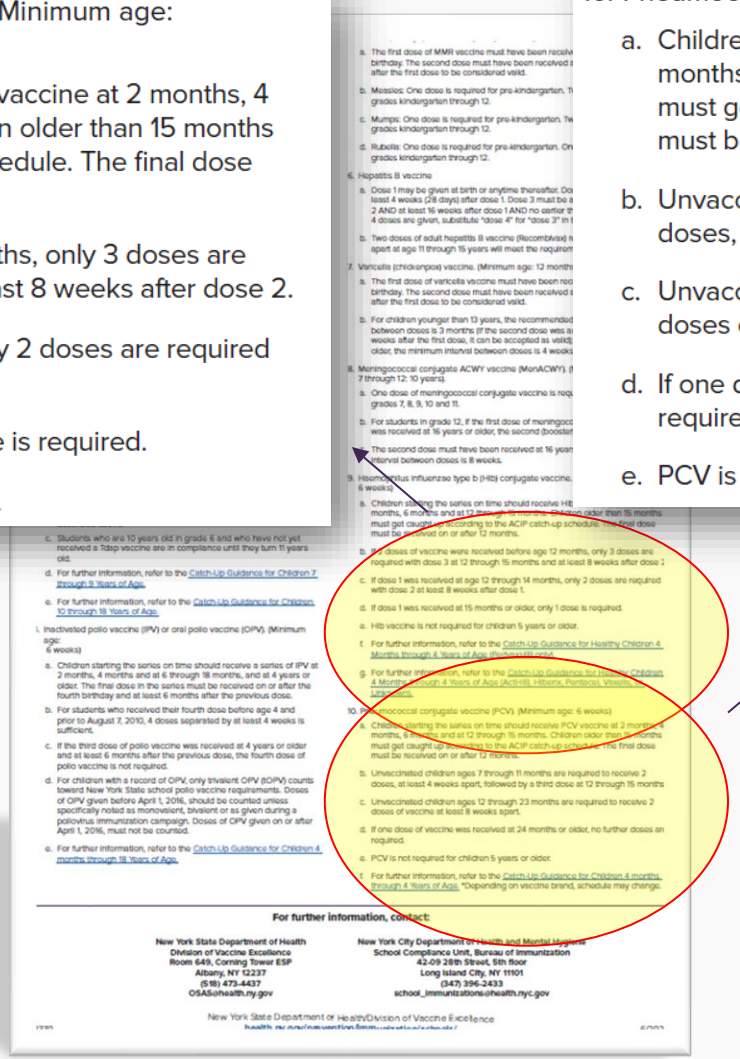
NEW YORK STATE | Department of Health

# 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)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
   c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
   d. If one dose of vaccine was received at 24 months or older, no further doses are required.
   e. PCV is not required for children 5 years or older.


For further information, contact:

New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437
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New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
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(347) 396-2433
school_immunizations@health.nyc.gov

New York State Department of Health/Division of Vaccine Excellence

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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[1]

**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 shown on the schedule 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 gradeless 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 (Child Caring Center, 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 tox-oid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2] | 4 doses | **5 doses or 4 doses** if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or **3 doses** if 7 years or older and the series was started at 1 year or older | 3 doses | |
| Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3] | Not applicable | | 1 dose given at age 10 years or older | |
| Polio vaccine (IPV/OPV)[4] | 3 doses | **4 doses or 3 doses** If the 3rd dose was received at 4 years or older | | |
| Measles, Mumps and Rubella vaccine (MMR)[5] | 1 dose | 2 doses | | |
| Hepatitis B vaccine[6] | 3 doses | **3 doses** or **2 doses** of **adult hepatitis B vaccine** (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 years through 15 years | | |
| Varicella (Chickenpox) vaccine[7] | 1 dose | 2 doses | | |
| Meningococcal conjugate vaccine (MenACWY)[8] | Not applicable | | **Grades 7, 8, 9, 10 and 11: 1 dose** given at age 10 years or older | **Grade 12: 2 doses or 1 dose** If the dose was received at 16 years or older |
| Haemophilus influenzae type b conjugate vaccine (Hib)[9] | 1 to 4 doses | Not applicable | | |
| Pneumococcal Conjugate vaccine (PCV)[10] | 1 to 4 doses | Not applicable | | |

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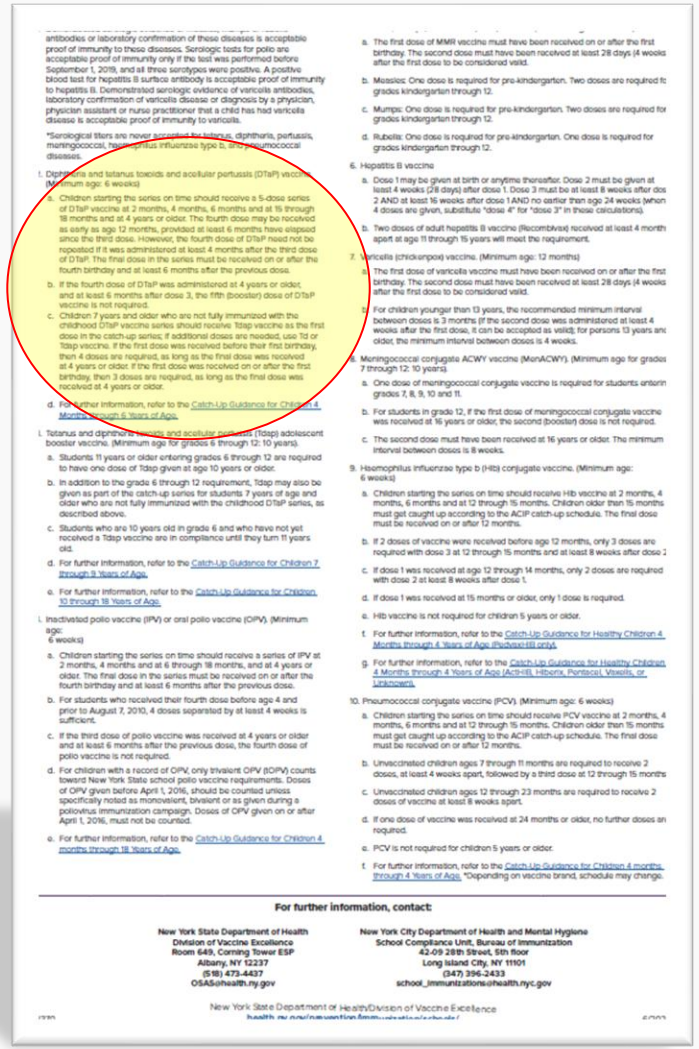
| Vaccines | Pre-Kindergarten (Child Caring Center, Day Care, Head Start, Nursery or Pre-K) | Kindergarten and Grades 1, 2, 3, 4 and 5 | Grades 6, 7, 8, 9, 10 and 11 | Grade 12 |
|---|---|---|---|---|
| **Diphtheria and Tetanus tox-oid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2]** | **4 doses** | **5 doses or 4 doses** if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or **3 doses** if 7 years or older and the series was started at 1 year or older | **3 doses** | |

NEW YORK STATE | Department of Health

# DTAP

## 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)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.



For further information, contact:

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school_immunizations@health.nyc.gov

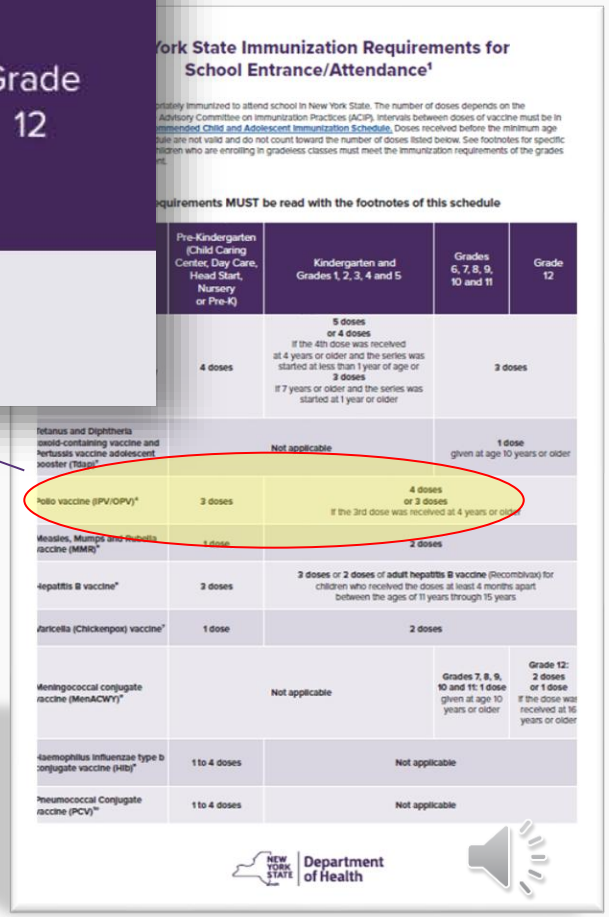
New York State Department of Health/Division of Vaccine Excellence

NEW YORK STATE | Department of Health

# POLIO (IPV/OPV)

## PRE-K THROUGH 12

| Vaccines | Pre-Kindergarten (Child Caring Center, 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 |
|---|---|---|---|---|
| **Polio vaccine (IPV/OPV)[4]** | **3 doses** | **4 doses or 3 doses** if the 3rd dose was received at 4 years or older | | |



York State Immunization Requirements for School Entrance/Attendance[1]

ortately immunized to attend school in New York State. The number of doses depends on the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in mmended Child and Adolescent Immunization Schedule. Doses received before the minimum age ule are not valid and do not count toward the number of doses listed below. See footnotes for specific ildren who are enrolling in gradeless classes must meet the immunization requirements of the grades

quirements MUST be read with the footnotes of this schedule

| | Pre-Kindergarten (Child Caring Center, 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 |
|---|---|---|---|---|
| | 4 doses | 5 doses or 4 doses If the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or 3 doses If 7 years or older and the series was started at 1 year or older | 3 doses | |
| etanus and Diphtheria oxoid-containing vaccine and ertussis vaccine adolescent oosier (Tdap)* | Not applicable | | 1 dose given at age 10 years or older | |
| Polio vaccine (IPV/OPV)* | 3 doses | 4 doses or 3 doses If the 3rd dose was received at 4 years or older | | |
| Measles, Mumps and Rubella vaccine (MMR)* | 1 dose | 2 doses | | |
| Hepatitis B vaccine* | 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 years through 15 years | | |
| Varicella (Chickenpox) vaccine* | 1 dose | 2 doses | | |
| Meningococcal conjugate vaccine (MenACWY)* | Not applicable | | Grades 7, 8, 9, 10 and 11: 1 dose given at age 10 years or older | Grade 12: 2 doses or 1 dose If the dose was received at 16 years or older |
| Haemophilus influenzae type b conjugate vaccine (Hib)* | 1 to 4 doses | Not applicable | | |
| Pneumococcal Conjugate vaccine (PCV)** | 1 to 4 doses | Not applicable | | |

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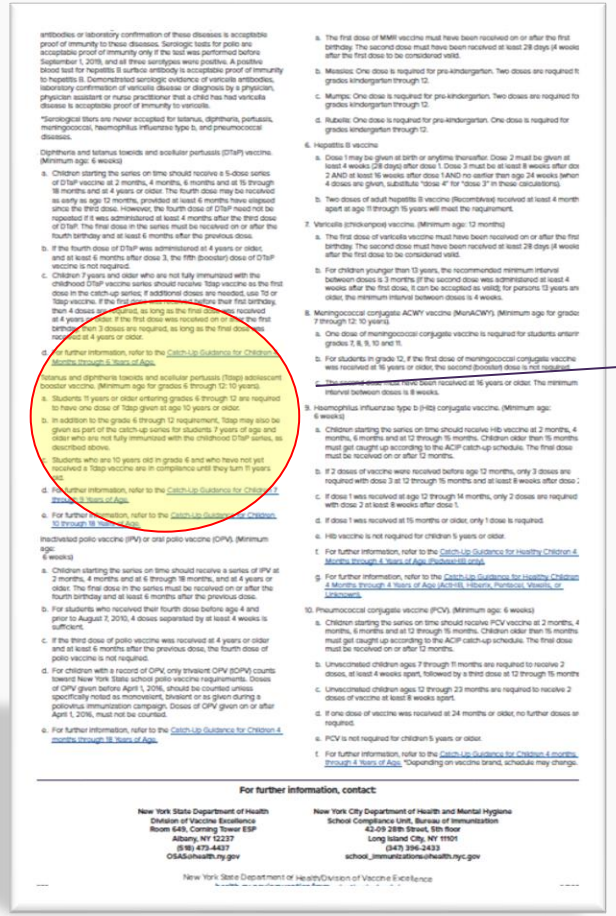
# IPV/OPV

## 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)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.

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# MEASLES, MUMPS AND RUBELLA (MMR)

## GRADES PRE-K THROUGH 12

New York State Immunization Requ
School Entrance/Attendar

NOTES:
All children must be age-appropriately immunized to attend school in New York State. The nur
schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Interva
accordance with the ACIP-Recommended Child and Adolescent Immunization Schedule. Do
or intervals shown on the schedule are not valid and do not count toward the number of dose
information for each vaccine. Children who are enrolling in gradeless classes must meet the i
for which they are age equivalent.

Dose requirements MUST be read with the footnote

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

NEW YORK STATE | Department of Health

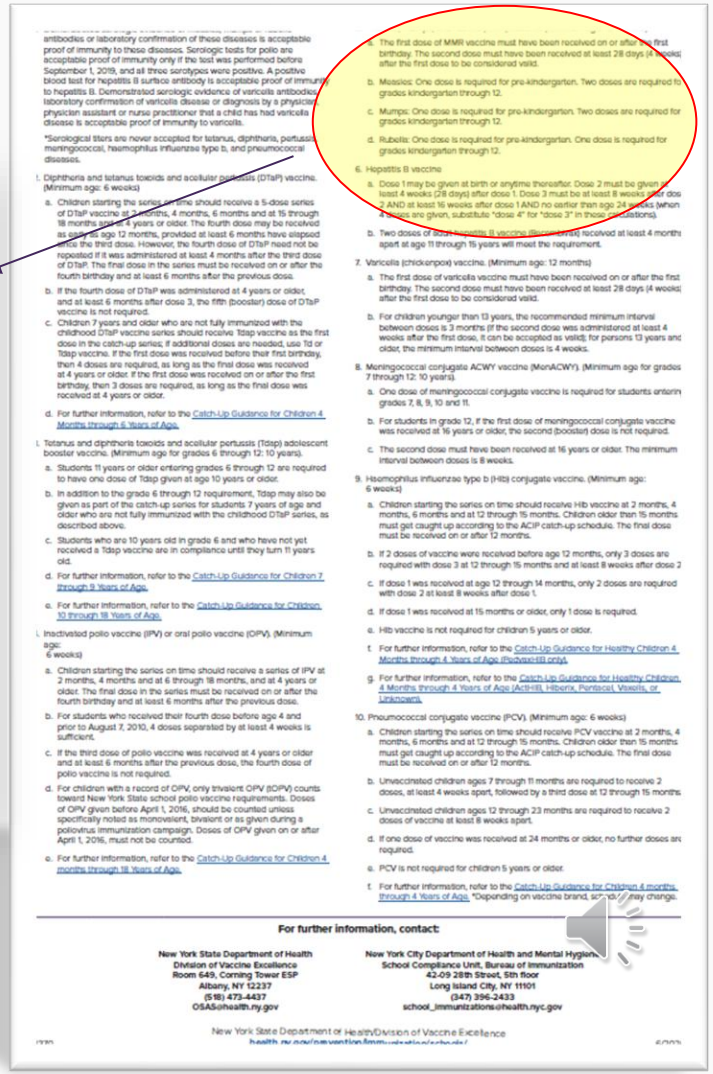
| Vaccines | Pre-Kindergarten (Child Caring Center, Day Care, Head Start, Nursery or Pre-K) | Kindergarten and Grades 1, 2, 3, 4 and 5 | Grades 6, 7, 8, 9, 10 and 11 | Grade 12 |
|---|---|---|---|---|
| Measles, Mumps and Rubella vaccine (MMR)[5] | 1 dose | 2 doses | | |

NEW YORK STATE | Department of Health

# MMR

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

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: One dose is required for pre-kindergarten. One dose is required for grades kindergarten through 12.



For further information, contact:

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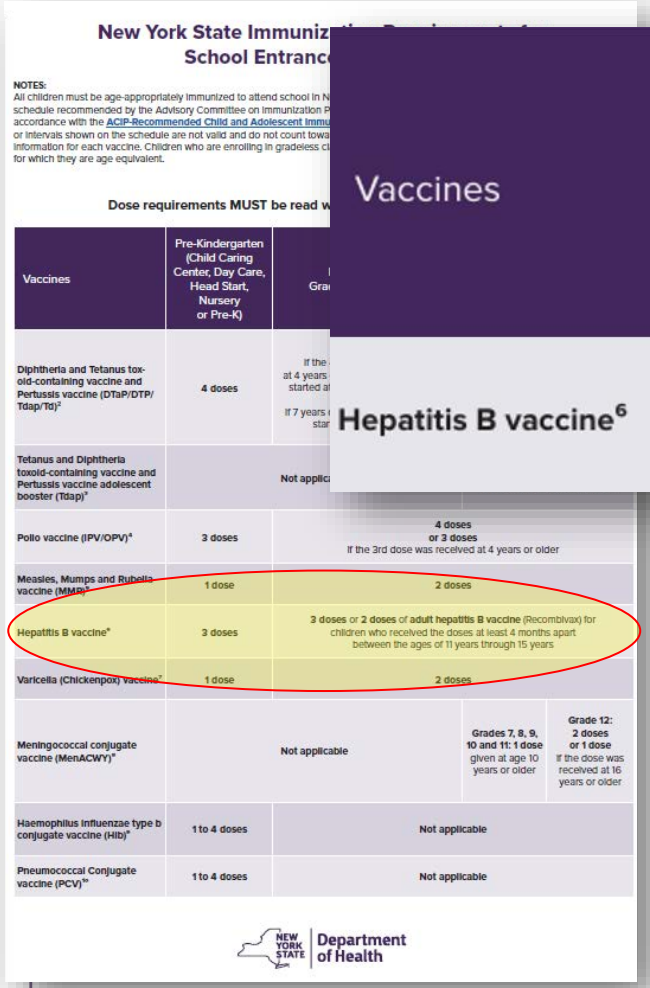
# HEPATITIS B (HEP B)

## GRADES PRE-K THROUGH 12



New York State Immuniz
School Entranc

NOTES:
All children must be age-appropriately immunized to attend school in N
schedule recommended by the Advisory Committee on Immunization P
accordance with the ACIP-Recommended Child and Adolescent Immu
or intervals shown on the schedule are not valid and do not count towa
information for each vaccine. Children who are enrolling in gradeless cl
for which they are age equivalent.

Dose requirements MUST be read w

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

NEW YORK STATE | Department of Health

| Vaccines | Pre-Kindergarten (Child Caring Center, 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[6]** | **3 doses** | **3 doses** or **2 doses** of **adult hepatitis B vaccine** (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 years through 15 years | | |

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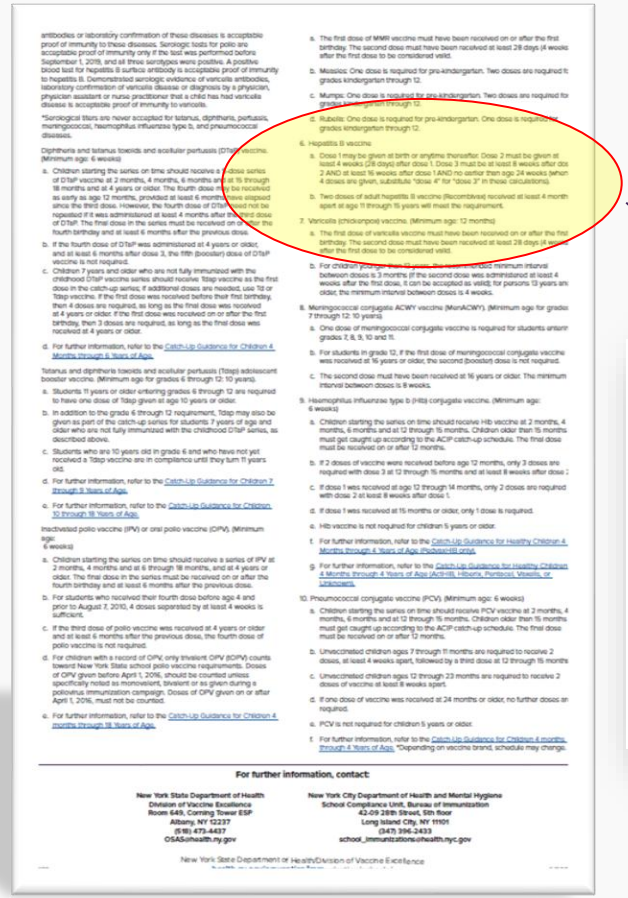
# HEP B

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



6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

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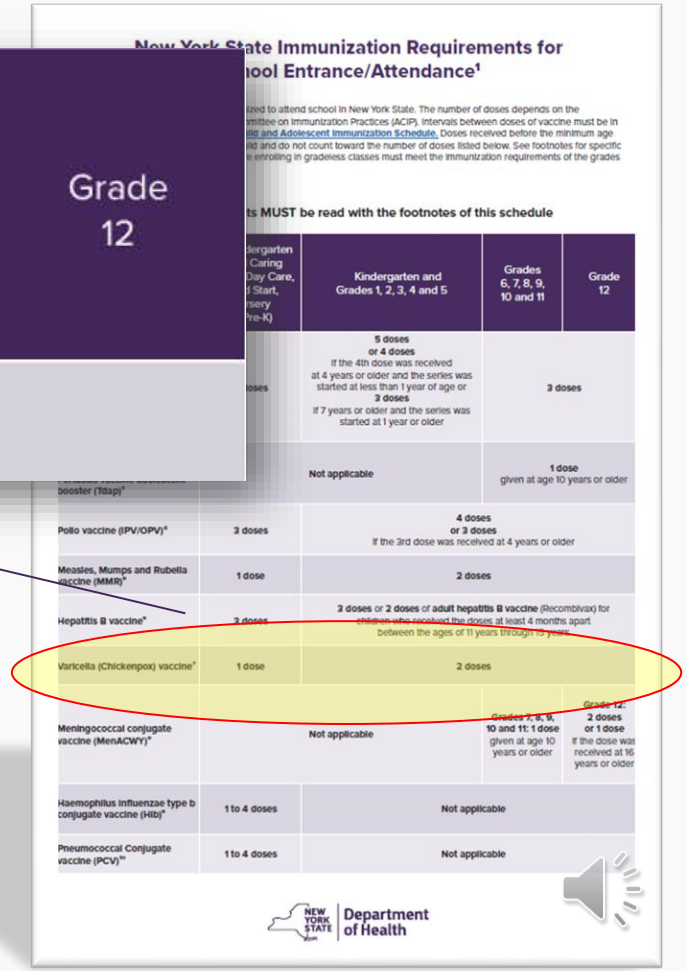
# VARICELLA (CHICKENPOX)

## GRADES PRE-K THROUGH 12

| Vaccines | Pre-Kindergarten (Child Caring Center, 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[7]** | **1 dose** | **2 doses** | | |



New York State Immunization Requirements for School Entrance/Attendance[1]

...ized to attend school in New York State. The number of doses depends on the ...mittee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in ...ild and Adolescent Immunization Schedule. Doses received before the minimum age ...ld and do not count toward the number of doses listed below. See footnotes for specific ...n enrolling in gradeless classes must meet the immunization requirements of the grades

...ts MUST be read with the footnotes of this schedule

| | ...dergarten Caring ...Day Care, ...d Start, ...sery ...re-K) | Kindergarten and Grades 1, 2, 3, 4 and 5 | Grades 6, 7, 8, 9, 10 and 11 | Grade 12 |
|---|---|---|---|---|
| ...oses | | **5 doses or 4 doses** If the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or **3 doses** If 7 years or older and the series was started at 1 year or older | **3 doses** | |
| ...booster (Tdap)* | | **Not applicable** | **1 dose** given at age 10 years or older | |
| **Polio vaccine (IPV/OPV)*** | **3 doses** | **4 doses or 3 doses** If the 3rd dose was received at 4 years or older | | |
| **Measles, Mumps and Rubella vaccine (MMR)*** | **1 dose** | **2 doses** | | |
| **Hepatitis B vaccine*** | **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 years through 15 years | | |
| **Varicella (Chickenpox) vaccine*** | **1 dose** | **2 doses** | | |
| **Meningococcal conjugate vaccine (MenACWY)*** | | **Not applicable** | ~~Grades 7, 8, 9,~~ **10 and 11: 1 dose** given at age 10 years or older | ~~Grade 12:~~ **2 doses or 1 dose** If the dose was received at 16 years or older |
| **Haemophilus influenzae type b conjugate vaccine (Hib)*** | **1 to 4 doses** | **Not applicable** | | |
| **Pneumococcal Conjugate vaccine (PCV)**** | **1 to 4 doses** | **Not applicable** | | |

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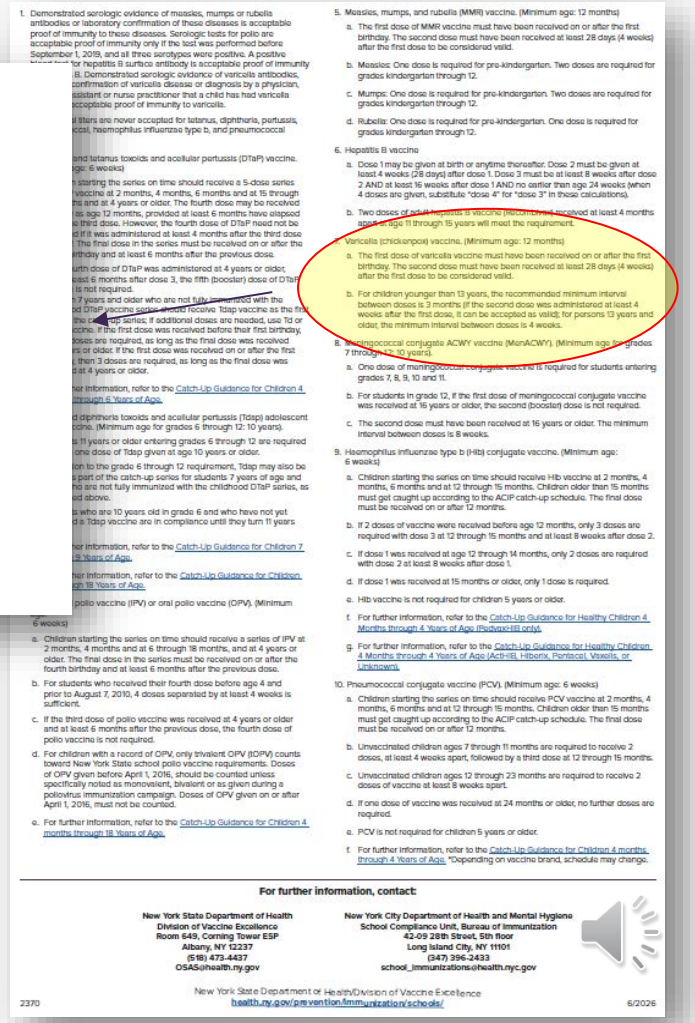
# VARICELLA

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

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



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health.ny.gov/prevention/immunization/schools/

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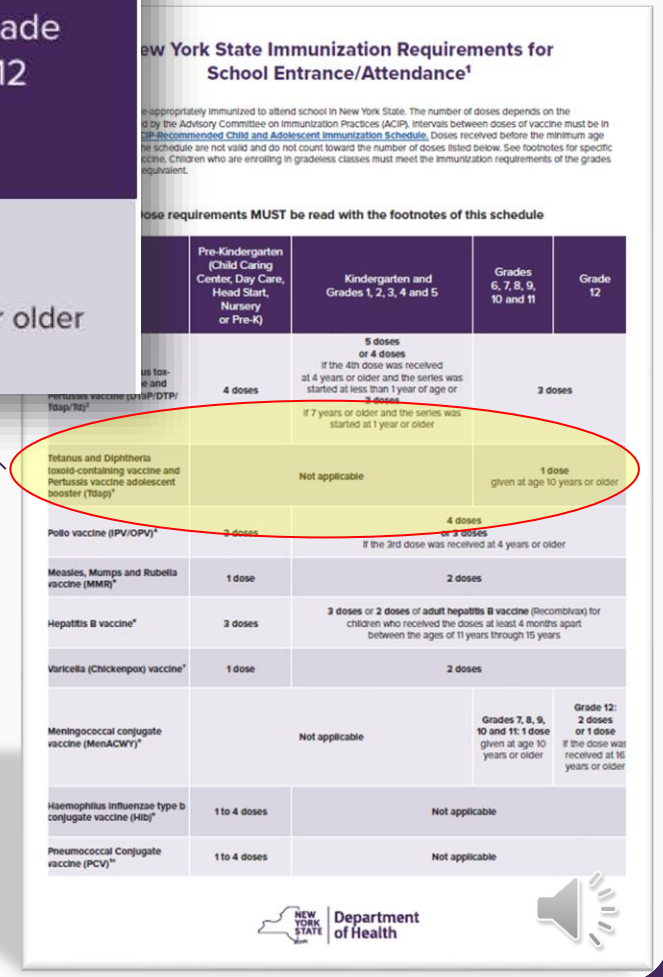
# TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS (TDAP)

## GRADES 6 THROUGH 12

| Vaccines | Pre-Kindergarten (Child Caring Center, 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 |
|---|---|---|---|---|
| **Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3]** | **Not applicable** | | **1 dose** given at age 10 years or older | |



ew York State Immunization Requirements for School Entrance/Attendance[1]

e appropriately immunized to attend school in New York State. The number of doses depends on the d by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in CIP-Recommended Child and Adolescent Immunization Schedule. Doses received before the minimum age he schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific ccine. Children who are enrolling in gradeless classes must meet the immunization requirements of the grades equivalent.

ose requirements MUST be read with the footnotes of this schedule

| | Pre-Kindergarten (Child Caring Center, 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 |
|---|---|---|---|---|
| us tox- e and Pertussis vaccine (DTaP/DTP/ Tdap/Td)[2] | 4 doses | **5 doses or 4 doses** If the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or **3 doses** If 7 years or older and the series was started at 1 year or older | **3 doses** | |
| Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3] | **Not applicable** | | **1 dose** given at age 10 years or older | |
| Polio vaccine (IPV/OPV)[4] | ~~3 doses~~ | **4 doses or 3 doses** If the 3rd dose was received at 4 years or older | | |
| Measles, Mumps and Rubella vaccine (MMR)[5] | 1 dose | **2 doses** | | |
| Hepatitis B vaccine[6] | 3 doses | **3 doses** or **2 doses** of **adult hepatitis B vaccine** (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 years through 15 years | | |
| Varicella (Chickenpox) vaccine[7] | 1 dose | **2 doses** | | |
| Meningococcal conjugate vaccine (MenACWY)[8] | **Not applicable** | | **Grades 7, 8, 9, 10 and 11: 1 dose** given at age 10 years or older | **Grade 12: 2 doses or 1 dose** If the dose was received at 16 years or older |
| Haemophilus influenzae type b conjugate vaccine (Hib)[9] | 1 to 4 doses | **Not applicable** | | |
| Pneumococcal Conjugate vaccine (PCV)[10] | 1 to 4 doses | **Not applicable** | | |

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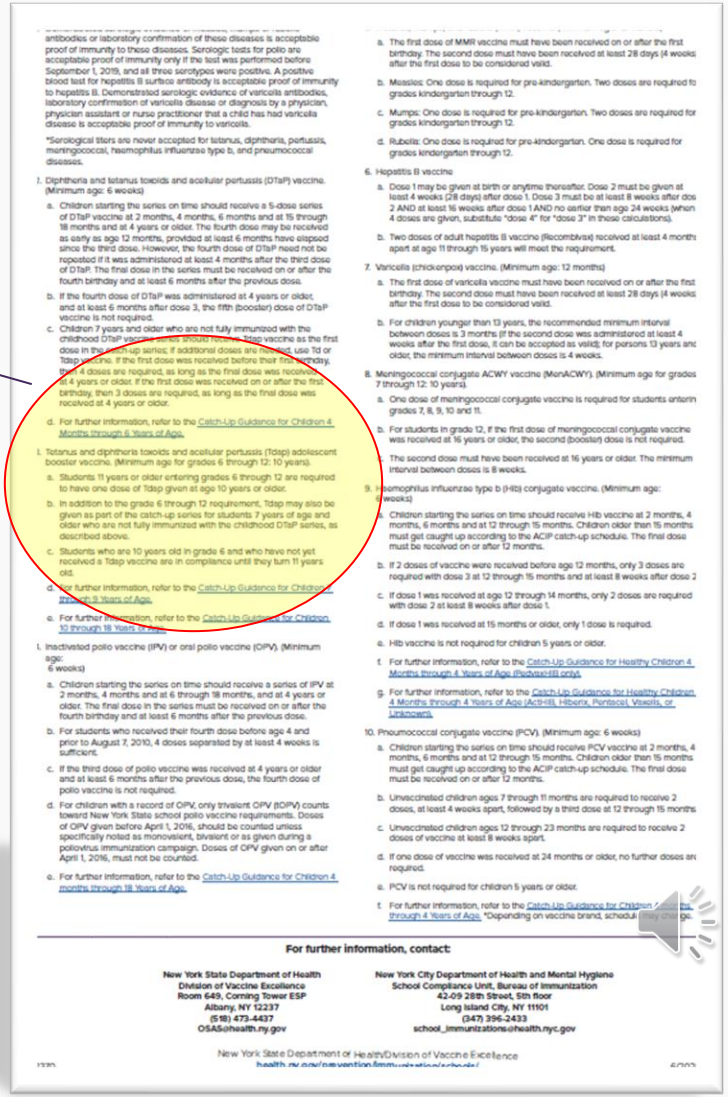
# TDAP

## MINIMUM AGE FOR BOOSTER DOSE: 10 YEARS OLD

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 12: 10 years).
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap given at age 10 years or older.
   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.
   c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.



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.

*Serological titers are never accepted for tetanus, diphtheria, pertussis, meningococcal, haemophilus influenzae type b, and pneumococcal diseases.

7. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their 7th 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.
   d. For further information, refer to the Catch-Up Guidance for Children 4 Months through 6 Years of Age.

8. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 12: 10 years).
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap given at age 10 years or older.
   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.
   c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
   d. For further information, refer to the Catch-Up Guidance for Children 7 through 9 Years of Age.
   e. For further information, refer to the Catch-Up Guidance for Children 10 through 18 Years of Age.

9. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. For children with a record of OPV, only trivalent OPV (bOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
   e. For further information, refer to the Catch-Up Guidance for Children 4 months through 18 Years of Age.

   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks after the first dose to be considered valid.
   b. Measles: One dose is required for pre-kindergarten. Two doses are required fo grades kindergarten through 12.
   c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: One dose is required for pre-kindergarten. One dose is required for grades kindergarten through 12.

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dos 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 month apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 12: 10 years).
   a. One dose of meningococcal conjugate vaccine is required for students enterin 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.
   The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.
   f. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (PedvaxHIB only).
   g. For further information, refer to the Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age (ActiHIB, Hiberix, Pentacel, Vaxelis, or Unknown).

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months
   c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
   d. If one dose of vaccine was received at 24 months or older, no further doses are required.
   e. PCV is not required for children 5 years or older.
   f. For further information, refer to the Catch-Up Guidance for Children 7 months through 4 Years of Age. *Depending on vaccine brand, schedul may change.

**For further information, contact:**

**New York State Department of Health**
**Division of Vaccine Excellence**
**Room 649, Corning Tower ESP**
**Albany, NY 12237**
**(518) 473-4437**
**OSA@health.ny.gov**

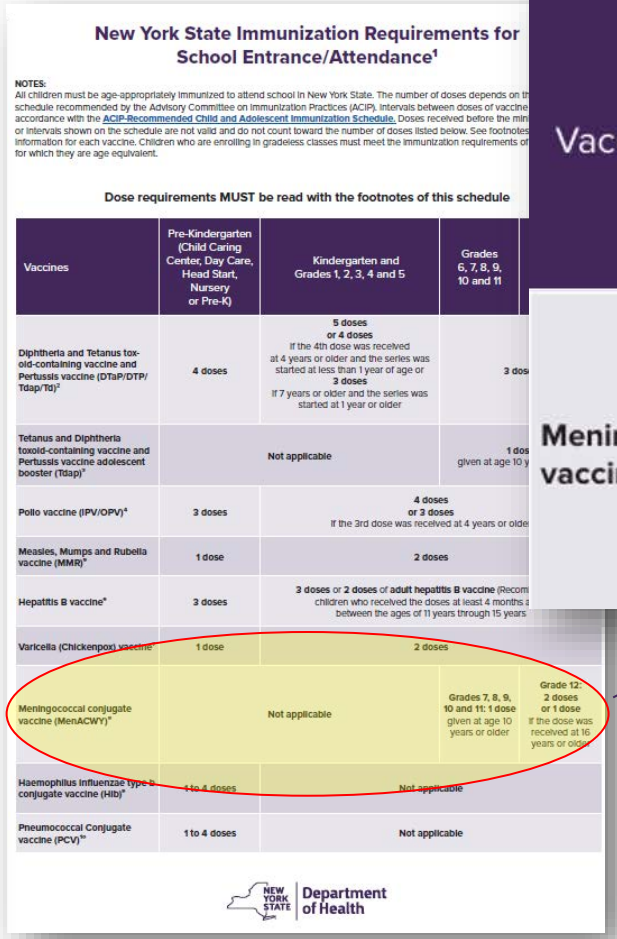
**New York City Department of Health and Mental Hygiene**
**School Compliance Unit, Bureau of Immunization**
**42-09 28th Street, 5th floor**
**Long Island City, NY 11101**
**(347) 396-2433**
**school_immunizations@health.nyc.gov**

New York State Department of Health/Division of Vaccine Excellence

NEW YORK STATE | Department of Health

# MenACWY

## GRADES 7 THROUGH 12



New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on th schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine accordance with the ACIP-Recommended Child and Adolescent Immunization Schedule. Doses received before the mini or intervals shown on the schedule are not valid and do not count toward the number of doses listed below. See footnotes information for each vaccine. Children who are enrolling in gradeless classes must meet the immunization requirements of for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

| Vaccines | Pre-Kindergarten (Child Caring Center, 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 tox-oid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2] | 4 doses | 5 doses or 4 doses if the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or 3 doses if 7 years or older and the series was started at 1 year or older | 3 dos | |
| Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3] | Not applicable | | 1 dos given at age 10 y | |
| Polio vaccine (IPV/OPV)[4] | 3 doses | 4 doses or 3 doses if the 3rd dose was received at 4 years or olde | | |
| Measles, Mumps and Rubella vaccine (MMR)[5] | 1 dose | 2 doses | | |
| Hepatitis B vaccine[6] | 3 doses | 3 doses or 2 doses of adult hepatitis B vaccine (Recom children who received the doses at least 4 months a between the ages of 11 years through 15 years | | |
| Varicella (Chickenpox) vaccine | 1 dose | 2 doses | | |
| Meningococcal conjugate vaccine (MenACWY)[8] | Not applicable | | Grades 7, 8, 9, 10 and 11: 1 dose given at age 10 years or older | Grade 12: 2 doses or 1 dose if the dose was received at 16 years or olde |
| Haemophilus influenzae type b conjugate vaccine (Hib)[9] | 1 to 4 doses | Not applicable | | |
| Pneumococcal Conjugate vaccine (PCV)[10] | 1 to 4 doses | Not applicable | | |

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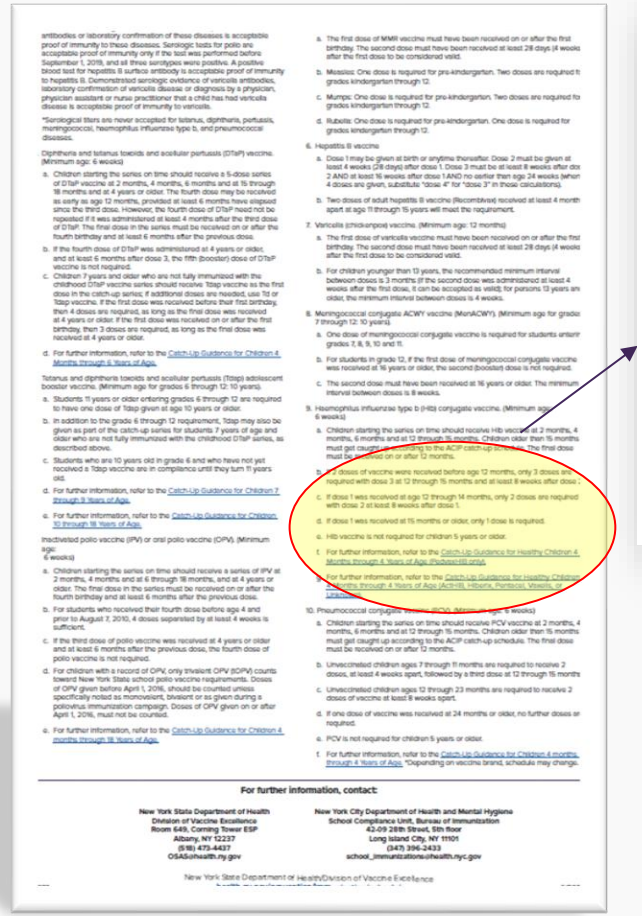
| Vaccines | Pre-Kindergarten (Child Caring Center, Day Care, Head Start, Nursery or Pre-K) | Kindergarten and Grades 1, 2, 3, 4 and 5 | Grades 6, 7, 8, 9, 10 and 11 | Grade 12 |
|---|---|---|---|---|
| **Meningococcal conjugate vaccine (MenACWY)[8]** | **Not applicable** | | **Grades 7, 8, 9, 10 and 11: 1 dose** given at age 10 years or older | **Grade 12: 2 doses or 1 dose** if the dose was received at 16 years or older |

NEW YORK STATE | Department of Health

# MenACWY

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



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.

Department of Health

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

NEW YORK STATE | Department of Health

# 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

nysiis New York State Immunization Information System

NEW YORK STATE | Department of Health

# 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

History | Add Imm - Scan | Add Imm - Manual | Edit Patient | Reports | Blood Lead | Print | Print Confidential

| Vaccine Group | Date Administered | Series | Vaccine [Trade Name] | Dose | Owned? | Reaction | Hist? | Edit |
|---|---|---|---|---|---|---|---|---|
| DTP/aP | 09/11/2025 | 1 of 4 | DTAP/Polio/Hep B [Pediarix ®] | Full | No | | | |
| | 10/17/2025 | 2 of 4 | DTAP/Polio/Hep B [Pediarix ®] | Full | No | | | |
| | 02/05/2026 | 3 of 4 | DTaP | Full | No | | | |
| HepB | 09/11/2025 | 1 of 3 | DTAP/Polio/Hep B [Pediarix ®] | Full | No | | | |
| | 10/17/2025 | 2 of 3 | DTAP/Polio/Hep B [Pediarix ®] | Full | No | | | |
| | 02/05/2026 | 3 of 3 | HepB-Peds | Full | No | | | |
| MMR | 09/11/2025 | 1 of 2 | MMR | Full | No | | | |
| | 02/05/2026 | 2 of 2 | MMR | Full | No | | | |
| Polio | 09/11/2025 | 1 of 3 | DTAP/Polio/Hep B [Pediarix ®] | Full | No | | | |
| | 10/17/2025 | 2 of 3 | DTAP/Polio/Hep B [Pediarix ®] | Full | No | | | |

Current Age: 6 years, 1 month, 13 days

Vaccines Recommended by Selected Tracking Schedule | Add Selected

| Select | Vaccine Group | Earliest Date | Recommended Date | Overdue Date | Latest Date |
|---|---|---|---|---|---|
| ☑ | COVID-19 | 03/23/2022 | 03/23/2022 | 03/23/2022 | |
| ☐ | DTP/aP | 08/05/2026 | 08/05/2026 | 09/05/2026 | 03/22/2027 |
| ☑ | HepA | 03/23/2021 | 03/23/2021 | 03/23/2022 | |
| | HepB | Complete | | | |
| ☑ | Influenza | 09/23/2020 | 08/01/2025 | 10/23/2020 | |
| | MMR | Complete | | | |
| ☑ | Polio | 04/17/2026 | 04/17/2026 | 03/23/2027 | |
| ☑ | Varicella | 10/09/2025 | 10/09/2025 | 10/09/2025 | 03/22/2033 |

Risk Assessment and Lead Test Recommendations

NEW YORK STATE | Department of Health

# 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 participate in tracking student immunization records has a thorough understanding of how NYSIIS works

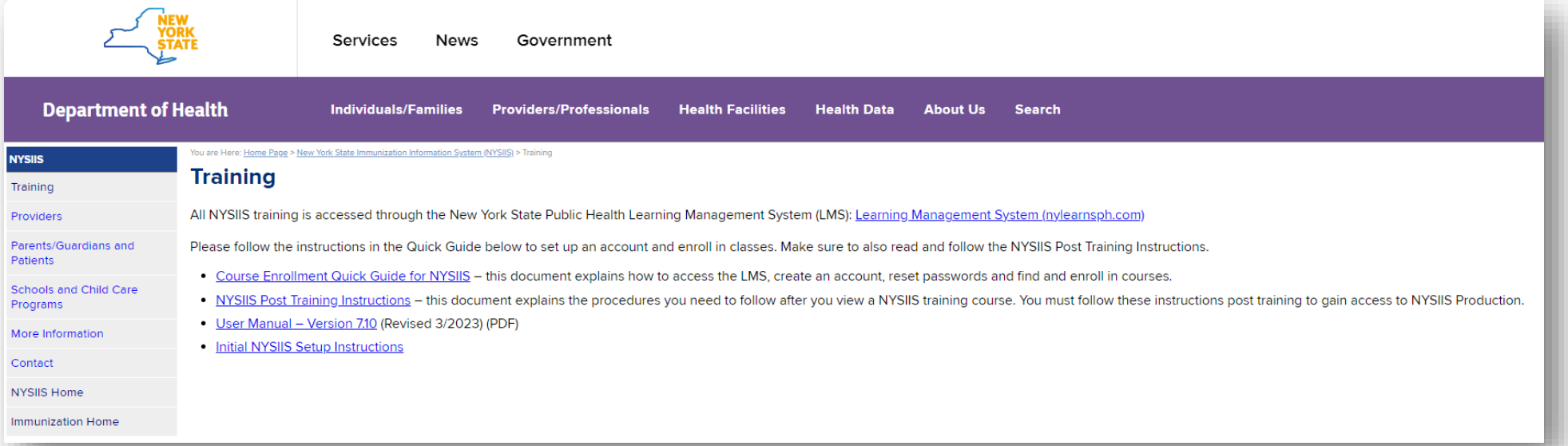



Image links to Training page

**For more information you can email:**
**nysiis@health.ny.gov**

NEW YORK STATE | Department of Health

# 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
- CIR Log-in: immunize.nyc/provider-client/servlet/PC

NEW YORK STATE | Department of Health

# 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](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

NYC Health

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# IMMUNIZATION RECORD AUDITS

NEW YORK STATE | Department of Health

# 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)

NEW YORK STATE | Department of Health

# 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

NEW YORK STATE | Department of Health

# 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 PHL § 2164. 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 an immunization record audit.

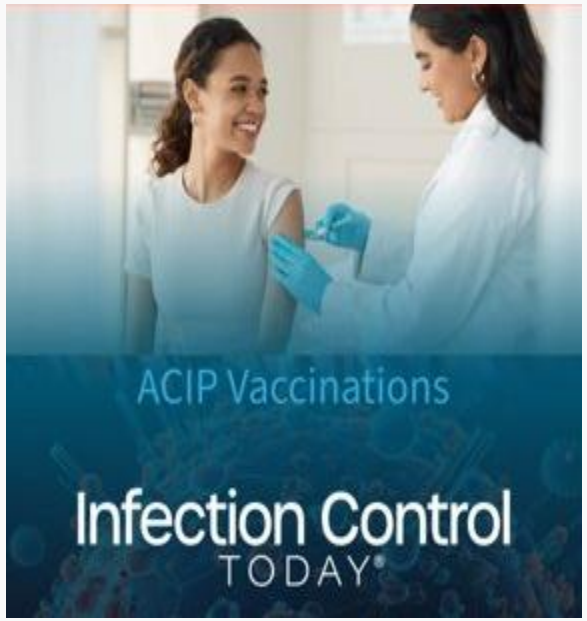
NEW YORK STATE | Department of Health

# RESOURCES

NEW YORK STATE | Department of Health

# 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 Advisory Committee on Immunization Practices (ACIP) has 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)



[Vaccines for Your Children | Childhood Vaccines | CDC]

NEW YORK STATE | Department of Health

# NYS DOH DAY CARES, SCHOOLS & POST SECONDARY INSTITUTIONS WEBSITE

Website Contents:

- NYS School Immunization Requirements
- Annual Immunization Surveys
- Immunization Survey Access
- Medical Exemptions
- Additional Resources
- Contact information: OSAS@health.ny.gov

You are Here: Home Page > Immunization > Day Cares, Schools and Post-Secondary Institutions

## Day Cares, Schools and Post-Secondary Institutions

### Important NYSDOH News

- NYSDOH & NYCDOHMH Advisory on Immunization Practices (PDF)
- Important NYSDOH & NYSED statement regarding medical exemptions (PDF)

### Table Of Contents


- NYS School Immunization Requirements
- Annual Immunization Surveys
- Immunization Survey Access
- Medical Exemptions
- Additional Resources
- Contact Information


### NYS School Immunization Requirements

#### Day Care and PreK-12 Requirements

- Immunization Requirements for School Entrance/Attendance for the 2026-27 school year (PDF)
  - Spanish, Arabic, Bengali, Burmese, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Portuguese, Russian, Urdu, Yiddish (PDF)
- School Immunization Requirements Handbook (replaces the School Survey Q&A Booklet) - Requires HCS log-in to access
- School Administrator Letter re: School Immunization Requirements (December 2022) (PDF)
- Meningococcal Vaccine School Requirement Flyer for Grades 7-12 (PDF)
  - Spanish

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# IMMUNIZATION JOB AIDS

- PCV: Children 4 months through 4 years (PDF)
- Hib (ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown): Children 4 months through 4 years (PDF)
- Hib (PedvaxHIB only): Children 4 months through 4 years (PDF)
- IPV: Children 4 months through 17 years (PDF)
- DTaP: Children 4 months through 6 years (PDF)
- Tdap: Children 7 through 9 years (PDF)
- Tdap: Children 10 through 18 years (PDF)

## Catch-Up Guidance for Children 7 through 9 Years of Age

### Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td[1]

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

| IF current age is | AND # of previous doses of DTaP, DT, Td, or Tdap is | AND | AND | AND | THEN | Next dose due |
|---|---|---|---|---|---|---|
| 7 through 9 years[1,2] | Unknown or 0 | → | → | → | Give Dose 1 (Tdap) today | Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1 |
| | 1 | Dose 1 was given **before** 12 months of age | → | → | Give Dose 2 (Tdap) today | Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2 |
| | | Dose 1 was given at 12 months of age or older | It has been at least 4 weeks since Dose 1 | Dose 1 was Tdap | Give Dose 2 (Td or Tdap) today | Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2 |
| | | | | Dose 1 was **not** Tdap | Give Dose 2 (Tdap) today | |
| | | | It has **not** been at least 4 weeks since Dose 1 | Dose 1 was Tdap | No dose today | Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1 |
| | | | | Dose 1 was **not** Tdap | | Give Dose 2 (Tdap) at least 4 weeks after Dose 1 |
| | | Dose 1 was given **before** 12 months of age | It has been at least 4 weeks since Dose 2 | Dose 2 was Tdap[1] | Give Dose 3 (Td or Tdap) today | Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3 |
| | | | | No dose was Tdap | Give Dose 3 (Tdap) today | |
| | | | It has **not** been at least 4 weeks since Dose 2 | Dose 2 was Tdap | No dose today | Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2 |
| | | | | No dose was Tdap | | Give Dose 3 (Tdap) at least 4 weeks after Dose 2 |

NEW YORK STATE | Department of Health

# EDUCATIONAL RESOURCES

Schools Page: health.ny.gov/prevention/immunization/schools

ACIP Schedule: Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.

Public Health Law Section 2164 (PHL §2164): https://www.nysenate.gov/legislation/laws/PBH/2164

SubPart 66-1 School Immunization Requirements: regs.health.ny.gov/volume-1a-title-10/content/subpart-66-1-school-immunization-requirements

Quick Chart of Vaccine-Preventable Disease Terms in Multiple: immunize.org/catg.d/p5122.pdf

Vaccination Record Translation: forms.web.health.state.mn.us/form/vaxref

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

NEW YORK STATE | Department of Health

# REGIONAL CONTACTS

## Department of Health regional offices around New York State:

Capital District Regional Office: 518-473-4437

Central NY Regional Office: 315-477-8164

Western Regional Office:

Buffalo Office: 716-847-4501

Rochester Office: 585-423-8097

Metropolitan Area Regional Office:

New Rochelle Office: 914-654-7149

Middletown Office: 845-794-2045

Central Islip Office: 631-851-3096

NEW YORK STATE | Department of Health

# CONTACTS

Online School Assessment Survey: OSAS@health.ny.gov

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

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

County Health Departments: 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

Citywide Immunization Registry: cir@health.nyc.gov

NEW YORK STATE | Department of Health

# PARTNERING AGENCIES

New York State Education Department (NYSED): nysed.gov/

Know Your Rights - Free Public Education: ag.ny.gov/sites/default/files/letters/kyr-ed.pdf

New York State Center for School Health: schoolhealthny.com/

McKinney-Vento Homeless Education: nysed.gov/essa/mckinney-vento-homeless-education

New York State Technical and Education Assistance Center for Homeless Students: nysteachs.org

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

State Homeless Program Coordinator:

- conappta@nysed.gov (use the subject line: homeless)
- 518-473-0295

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

Refugee Services: otda.ny.gov/programs/bria/

- bria.contact@otda.ny.gov
- 518-402-3096

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