

IMMUNIZATIONS REQUIREMENTS – 2010

SEPTEMBER 2010

IMMUNIZATION REQUIREMENTS FOR ALL STUDENTS

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The following immunization requirements are mandated by law.
Children must be excluded from school if they do not meet these requirements.

For all students between the ages of two months and eighteen years.

FULL COMPLIANCE

A child's immunization history must include all of the following vaccines to be considered fully immunized. Their immunization record should be evaluated according to the grade they are enrolled in this school year.

DAY CARE/PRE-KINDERGARTEN	NO. OF DOSES	GRADES 1 – 12	NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) _____ 4 <i>Fourth dose should be at least 6 months after the third.</i>		DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis) _____ 3 <i>Vaccine type as appropriate for age.</i>	
IPV (Inactivated poliovirus) or OPV (oral poliovirus) _____ 3		Tdap (effective September 1, 2007) _____ 1 <i>For all children in 6th, 7th, 8th, or 9th grades, born on or after January 1, 1994.</i>	
MMR (measles-mumps-rubella) _____ 1 <i>On or after the 1st birthday.</i>		IPV or OPV _____ 3	
Hib (<i>Haemophilus influenzae</i> type b) _____ 1, 2, or 3 <i>One dose at or after age 15 months. If younger than 15 months, 3 doses required, as age appropriate.</i>		MMR _____ 2 <i>One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days after the first dose.</i>	
Hepatitis B _____ 3		Hepatitis B _____ 2 or 3 <i>All students in all grades. 3 doses of pediatric hepatitis B vaccine OR for ages 11-15 only, 2 doses, at least four months apart, of the Merck Recombivax[®] HB adult vaccine. Documentation must clearly specify vaccine type and dose given.</i>	
Varicella _____ 1 <i>On or after 1st birthday.</i>		Varicella (Grades 1 – 11) _____ 1* <i>For all children through and including 11th grade, born on or after January 1, 1994, one dose on or after the first birthday.</i>	
Pneumococcal conjugate (PCV) _____ 1, 2, or 3 <i>For all children born on or after January 1, 2008, as age appropriate.</i>			
KINDERGARTEN			
DTaP or DTP _____ 4 <i>Fourth dose should be at least 6 months after the third.</i>			
IPV or OPV _____ 3			
MMR _____ 2 <i>One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days after the first dose.</i>			
Hepatitis B _____ 3			
Varicella _____ 1* <i>On or after the 1st birthday.</i>			

* Although only 1 dose of varicella vaccine is required, all children are recommended to receive 2 doses of varicella-containing vaccine.
* The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.

MEDICAL REQUIREMENTS FOR NEW SCHOOL ENTRANTS

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

All students entering a New York City School for the first time must have

A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

This comprehensive medical examination must be documented on a CHILD ADOLESCENT HEALTH EXAMINATION FORM (CH205) and include the following:

Weight
Height
Body Mass Index (BMI)
Blood Pressure
Medical History
Nutritional Evaluation

Vision Screening
Hearing Screening
Dental Screening
Developmental Assessment
For Day Care Only:
Anemia Screening (Hematocrit or Hemoglobin)

Lead Poisoning Assessment and Testing

- All children under 6 years must be assessed annually for risk of lead exposure.
- Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years at risk of exposure OR with no lead test previously documented.
- For more information, call the Lead Poisoning Prevention Program @ 311.

Students continuing onto kindergarten from Pre-kindergarten must submit a new CHILD & ADOLESCENT HEALTH EXAMINATION FORM (CH205)