

# NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE Pre-K – 12

<b>Diphtheria Toxoid Containing Vaccine (DTP, DTaP).....</b>	<b>4 doses Pre-K 4-5 doses K-5 3 doses 6-12</b>
<b>Tetanus, Diphtheria, acellular Pertussis (Tdap) .....</b>	<b>1 dose for students grades 6-12</b>
<b>Polio (eIPV, OPV, IPV).....</b>	<b>3 doses for Pre-K 3-4 doses for grades K-11 1 dose for 12</b>
<b>Measles, Mumps, Rubella (MMR).....</b>	<b>1 dose Pre-K 2 doses K-12</b>
<b>Hepatitis B.....</b>	<b>3 doses Pre-K thru 12 ( or 2 doses of adult hepatitis B vaccine for children 11-15 years of age)</b>
<b>Varicella.....</b>	<b>1 dose Pre-K and 2 doses for K-11 1 dose for 12</b>
<b>Meningitis.....</b>	<b>1 dose Grade 7 and 12 (However, grade 12 students are required to have 2 doses if the first was given before age 16; and if the first is given after age 16, only 1 dose is required)</b>
<b>Haemophilus Influenza type B (HIB).....</b>	<b>1-4 doses for Pre-K Only</b>
<b>Pneumococcal Conjugate Vaccine (PCV).....</b>	<b>1-4 doses for Pre-K Only</b>

I understand that if my child transfers from a school district within New York State, **that I have two weeks from the date of admission or, 30 days if transferred from outside of New York State**, to produce an official record of my child’s immunizations or in lieu of this the following:

- a) New York State licensed physician’s certificate stating that the listed Immunizations are detrimental to the child’s health. This **MUST** specify which vaccine is detrimental and the length of time for the exemption.

**\*\*PLEASE NOTE THAT ALL MEDICAL EXEMPTIONS MUST BE RENEWED YEARLY. PLEASE PROVIDE YOUR CHILD’S NURSE WITH THE RENEWAL CERTIFICATE AT THE BEGINNING OF EACH SCHOOL YEAR.**

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y.S. Public Law, Section 2164.

**I further understand that, under the law, if the school DOES NOT receive the evidence of immunization within the specified period, my child WILL BE EXCLUDED from school until such time as the evidence is received.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian