

## NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE 2019-2020 SCHOOL YEAR, GRADES PreK-12

Diphtheria, Tetanus Toxoid and Pertussis Containing Vaccine..... (DTP, DTAP)	Grade PreK Grades K-5 Grades 6-12	4 doses 4-5 doses 3 doses
Tetanus, Diphtheria and Pertussis Booster..... (TDAP)	Grades PreK-5 Grades 6-12	Not applicable 1 dose
Polio Vaccine..... (OPV, IPV)	Grade PreK Grades K-11 Grades 12	3 doses 3-4 doses 3 doses
Measles, Mumps and Rubella (MMR).....	Grade PreK Grades K-12	1 dose 2 doses
Hepatitis B Vaccine.....	Grade PreK Grades K-12	3 doses 3 doses <u>OR</u> 2 doses of adult Hepatitis B vaccine for children 11-15 years of age
Varicella (Chickenpox) Vaccine.....	Grade PreK Grades K-11 Grades 12	1 dose 2 doses 1 dose
Meningococcal (Meningitis).....	Grades PreK-6 Grades 7-10  Grade 11 Grade 12	Not applicable 1 dose (prior to start of grade 7) Not applicable 1 dose <u>OR</u> 2 doses if the first dose was given before age 16
Haemophilus influenza type b conjugate (Hib).....	Grade PreK-K Grades 1-12	1-4 doses Not applicable
Pneumococcal conjugate (PCV).....	Grade PreK-K Grades 1-12	1-4 doses Not applicable

I understand that, if my child transfers from a school district within New York State, 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, either of the following:

- a) A written statement subscribed and affirmed as true by a parent or guardian of the child that the parent or guardian is a bona fide member of a specified recognized religious organization whose teachings are contrary to the administration of immunizing agents.
- b) A New York State licensed physician's certificate stating that the listed immunizations are detrimental to the child's health. This certificate 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 NYS 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: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_