



Department
of Health

Overview of 2024-25 School Year Immunization Requirements

Public Health Law § 2164



Overview

- Introduction
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- 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance Document
- Immunization Worksheets
- New York State Immunization Information System and Citywide Immunization Registry
- Resources



Division of Vaccine Excellence

School Immunizations

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

Promoting the health of
NYS children by reducing
and/or eliminating the
number of vaccine-
preventable diseases

Introduction

Yearly Requirements for Schools*

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

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

No student is permitted to attend school for more than 14 calendar days (30 calendar days for out-of-state, foreign, refugee and certified asylees) after their first day of school without being in-process or up to date with NYS immunization requirements



Immunization Records: Criteria and Standards

Record Requirements for School Admission

Students between 2 months and 18 years of age

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

New York State Immunization Record

Official document containing all immunizations and dates received

- Healthcare record signed by a NYS 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.

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.



Department
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Other Acceptable Immunization Records

Acceptable without practitioner signature

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

Serology/Titer Report

Evidence of Immunity or Laboratory Confirmation of Disease

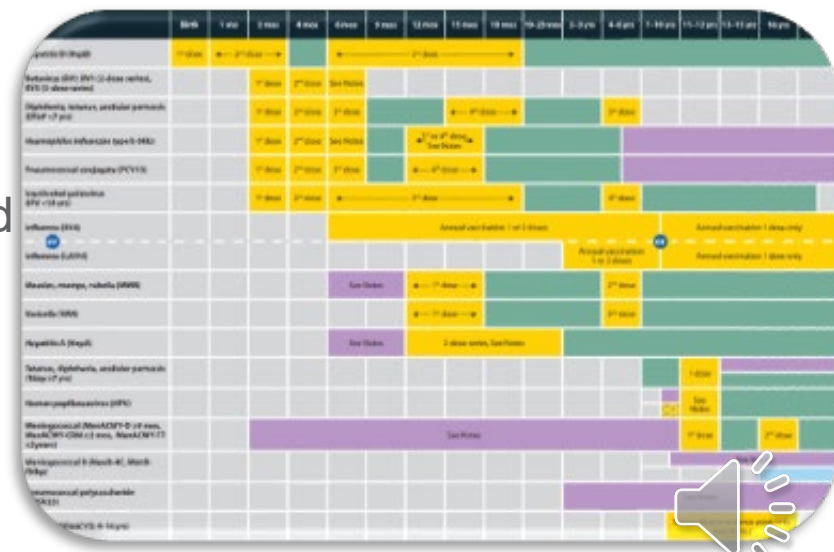
- Positive test results (does not include equivocal results) accepted for:
 - Measles
 - Mumps
 - Rubella
 - Hepatitis B
 - Varicella – Evidence of immunity from being diagnosed with varicella by physician, nurse practitioner, or physician assistant also acceptable
 - Polio – Serologic results for polio **only allowed** if test was performed prior to September 1, 2019, and documentation of results are positive for each of the 3 polio serotypes



In-Process

Received the first catch-up dose for each incomplete series and is currently waiting the minimum interval between doses according to the ACIP catch-up schedule

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



Medical Exemption*

Completed by New York State licensed physician on the [New York State Department of Health form \(DOH-5077\)](#)

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

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Immunization/Division of Epidemiology		Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age	
NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE			
Instructions:			
1. Complete information (name, DOB etc.)			
2. Indicate which vaccine(s) the medical exemption is referring to.			
3. Complete contraindication/precaution information.			
4. Complete date exemption ends, if applicable.			
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.			
1. Patient's Name _____			
2. Patient's Date of Birth _____			
3. Patient's Address _____			
4. Name of Educational Institution _____			
<small>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/imz/iac-admin/contraindications.htm.</small>			
<small>Please indicate which vaccine(s) the medical exemption is referring to:</small>			
<input type="checkbox"/> Haemophilus Influenzae type b (Hib)	<input type="checkbox"/> Measles, Mumps, and Rubella (MMR)		
<input type="checkbox"/> Polio (IPV or OPV)	<input type="checkbox"/> Varicella (Chickengoon)		
<input type="checkbox"/> Hepatitis B (Hep B)	<input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV)		
<input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP; DTP; Tdap)	<input type="checkbox"/> Meningococcal Vaccine (MenACWY)		
Please describe the patient's contraindication(s)/precaution(s) here: _____			
Date exemption ends (if applicable) _____			
<small>A New York State licensed physician must complete this medical exemption statement and provide their information below:</small>			
Name (print) _____	NYS Medical License # _____		
Address _____	Telephone _____		
Signature _____	Date _____		
For Institution Use ONLY: Medical Exemption Status <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted Date: _____			
<small>DOH 5077 (6/16)</small>			



*To be covered in more detail later in presentation

Timelines: In-Process & Grace Period

In-Process

- An *in-process* student must have received the first catch-up dose for each incomplete series and is currently waiting the minimum interval between doses according to the ACIP catch-up schedule
- Appropriate intervals must follow the Centers for Disease Control and Prevention (CDC) ACIP catch-up schedule

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Link

Child and Adolescent Schedule

Recommended vaccination schedule for ages 18 years or younger



Birth to 18 Years

In-Process Calendar

Example: MMR Vaccine

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

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

Grace Period

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

*Live Virus Interval Exception

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

Required	Not Required
Measles	Ebola
Mumps	FluMist Influenza
Rubella	
Varicella	

Acceptable Timeline for Serological Testing

- Students are allowed to have serological testing (**see slide 10**) within 14 days of their first day of attendance
- If results are negative or equivocal, vaccines must be received within 30 days from the notification of negative or equivocal serology results

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



Multiple Vaccines on Same Day

Scientific data show that receiving several vaccines at the same time does not cause health problems

- All required vaccines can be received on the same day, including live vaccines
- CDC Safety, Multiple Vaccines at Once:
<https://www.cdc.gov/vaccinesafety/concerns/multiple-vaccines-immunity.html>

Students Over the Age of 18

- Although NYS 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 NYS school have all required vaccines including those who are 18.
- NYS 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.



Department
of Health

Medical Exemptions & Susceptible List

Medical Exemptions

- Must be submitted **annually** on the NYS medical exemption form: <https://www.health.ny.gov/forms/doh-5077.pdf>
- Students attending NYC schools should use the NYC medical exemption form: <https://www.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

**Immunization Requirements for School Attendance
Medical Exemption Statement for Children 0-18 Years of Age**

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

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:

<input type="checkbox"/> Haemophilus Influenzae type b (Hib)	<input type="checkbox"/> Measles, Mumps, and Rubella (MMR)
<input type="checkbox"/> Polio (IPV or OPV)	<input type="checkbox"/> Varicella (Chickenpox)
<input type="checkbox"/> Hepatitis B (Hep B)	<input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV)
<input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)	<input type="checkbox"/> Meningococcal Vaccine (MenACWY)

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable) _____

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ NYS Medical License # _____

Address _____

Telephone _____

Signature _____ Date _____

For Institution Use ONLY: Medical Exemption Status Accepted Not Accepted Date: _____

D0H-5077 (6/16)



Medical Exemption Form

- Must be completed and signed by a physician licensed to practice in NYS

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ NYS Medical License # _____

Address _____

Telephone _____

Signature _____ Date _____

For Institution Use ONLY: Medical Exemption Status Accepted Not Accepted Date: _____

DOH-5077 (6/16)

Medical Exemption Form

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

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|---|---|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input type="checkbox"/> Polio (IPV or OPV) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B (Hep B) | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap) | <input type="checkbox"/> Meningococcal Vaccine (MenACWY) |

Please describe the patient's contraindication(s)/precaution(s) here:

Medical Exemption Form

- Must specify length of time immunization contraindicated

<input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)	<input type="checkbox"/> Meningococcal Vaccine (MenACWY)
Please describe the patient's contraindication(s)/precaution(s) here: _____ _____ _____	
Date exemption ends (if applicable) _____ _____	
<i>A New York State licensed physician must complete this medical exemption statement and provide their information below:</i>	

Medical Exemption Form

- School determines whether to accept or deny exemption

_____ Telephone _____	
Signature _____	Date _____
For Institution Use ONLY: Medical Exemption Status <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted Date: _____	
DOH-5077 (6/16)	

IMPORTANT!

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

Susceptible Students

Students who may require exclusion in the event of a disease outbreak

It is required that schools always have a list of all susceptible students

- Any students with medical exemptions
- Any students *in-process*

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



Additional Responsibilities: Communication, Exclusions, and Exceptions

Communicating the Importance of Vaccination

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

Newsletter Template

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

Stay on track with your child's vaccinations

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

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

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

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

July 2023



Routine Immunizations on Schedule for Everyone (RISE)

Post



CATCH UP ON CHECKUPS AND ROUTINE VACCINES

As your family gets back to routines, it's important for your child to catch up on checkups and recommended vaccines to help protect their health now and in the future.

The Centers for Disease Control and Prevention (CDC) recommends children stay on track with routine vaccinations to help protect them from serious diseases like measles and whooping cough.

WELL-CHILD CHECKUPS ARE ESSENTIAL

- The doctor tracks your child's growth and development
- You can ask the doctor questions about your child's health
- Your child gets recommended vaccinations

VACCINATION HELPS PROTECT YOUR CHILD'S HEALTH

- Routine vaccinations during childhood help prevent 14 diseases
- Among children born from 1994-2018, vaccinations will prevent an estimated 936,000 early deaths, 8 million hospitalizations, and 439 million illnesses.

Help protect your child's health by keeping them on track with recommended vaccinations.

Have questions about vaccines? Talk to your child's doctor.

www.cdc.gov/vaccines/routine



Exclusion

For students out of compliance with public health law at any time throughout the school year

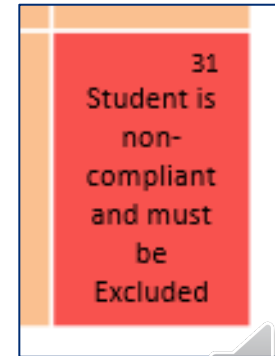
- Principal or person in charge of school must exclude students who have been out of compliance for more than 14 days until they can provide proof of compliance

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			

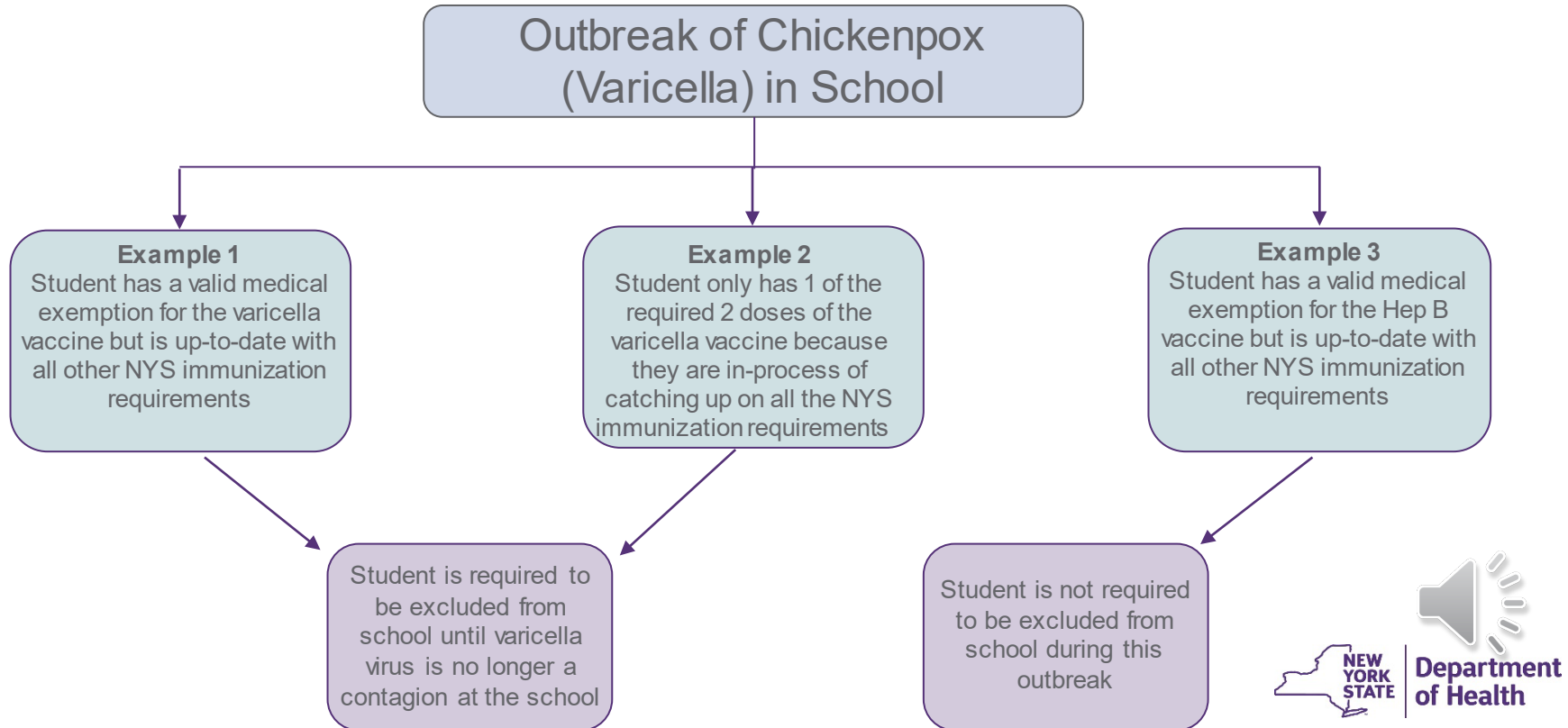
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Day 28 Can receive second dose tomorrow	16 Dose 2 If not received, now a missed dose	17 Student is overdue and now has 14 days to immunize
18	19	20	21	22	23	24
25	26	27	28	29	30 Final day to immunize before exclusion	31 Student is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



In the Event of a Disease Outbreak

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

Disease Outbreak Exclusion Examples



Notification of Exclusion

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

Contact StudentSupportServices@nysed.gov for questions regarding exclusions



The McKinney-Vento Homeless Assistance Act

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: <https://www.nysed.gov/essa/mckinney-vento-homeless-education>

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

Immunization Requirements and Services for Refugee and Asylee Children

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



*These students must have documentation showing their application for asylum is pending and that they have been allowed to reside in the US while waiting for their determination



**Department
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Newcomer Children – Helpful Definitions

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

Sources:

<https://otda.ny.gov/programs/bria/faqs.asp>

<https://otda.ny.gov/programs/publications/4579.pdf>

<https://www.uscis.gov/humanitarian/refugees-and-asylum/asylum>

<https://www.uscis.gov/humanitarian/refugees-and-asylum/refugees>

Refugee/Asylee Children and McKinney-Vento Act

According to the NYS DOH Refugee Health Program:

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



Refugee/Asylee Children Attending Schools in NYS

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



Refugee/Asylee Children and PHL § 2164

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



Annual School Immunization Survey: Review and Updates

Annual Mandated School Surveys

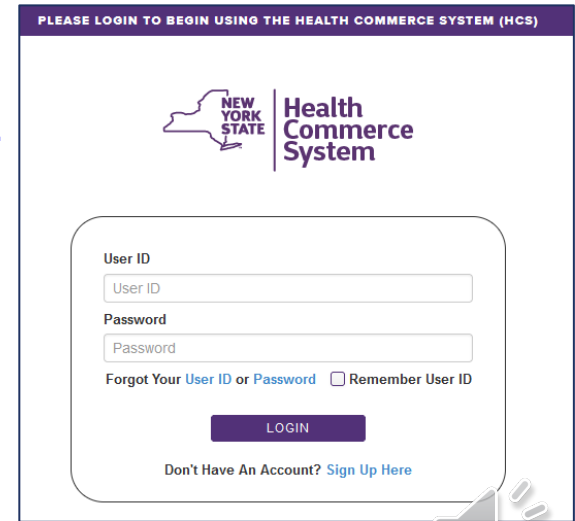
Schools must report immunization status of all students for all grades each school year

- **This year's school survey will open 11/06/2024 and be due by 12/15/2024**
- All public schools, non-public schools, and BOCES must have a Health Commerce System (HCS) account and a HCS Coordinator who can assign roles to other staff at the school (i.e., School Data Reporter)
- If you do not have an HCS account or do not know who your HCS coordinator is, please send an email to osas@health.ny.gov as soon as possible


Health Commerce System (HCS)

Secure online communications system operated by NYS DOH

- HCS:
https://commerce.health.state.ny.us/public/hcs_login.html
- Instructions for getting access to HCS can be found [here](#)
- Instructions for Accessing and Completing K-12 Immunization Surveys will also be posted [here](#) as soon as they are available



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

 **Health Commerce System**

User ID

Password

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

LOGIN

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

Survey Management and Response Tool (SMART)

- Starting with the 2023-24 Daycare Survey, all immunization surveys will be housed in a new platform within HCS called Survey Management and Response Tool (SMART)
- Health Commerce System role permissions will stay the same
- Instructions and a training webinar will be released in the fall
- Reminder: paper survey responses will not be accepted

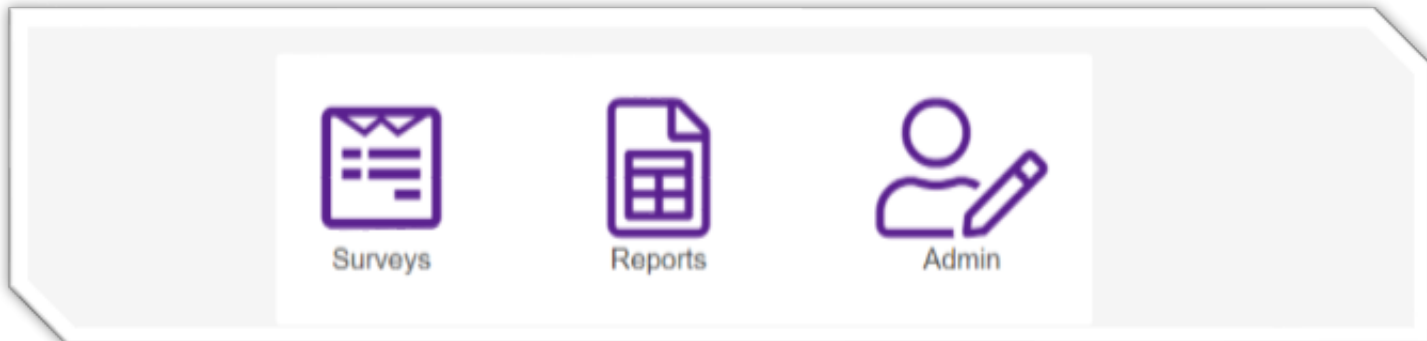


Image links to SMART

Changes to the School Immunization Survey Questions

- Starting this year, there will be an attestation included on the survey asking schools to verify that the New York State Immunization Information System (NYSIIS) and/or City Immunization Registry (CIR) records have been reviewed for all students along with any paper records provided by parents.
- The Centers for Disease Control and Prevention (CDC) has requested that vaccinated students be reported separately from students who have met immunization requirements by submitting serology reports (MMR, hepatitis B, varicella, and in rare cases polio) or doctor's notes confirming history of disease (varicella only).
 - There will now be separate fields for entering these numbers
 - Please only report each immune student in one of these categories for each relevant vaccine series

Vaccine Fraud: How to Help Spot it and Stop it

Vaccine Fraud Investigations

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

Our local health departments and school nurses are essential to the safety and health of New York State and in preventing outbreaks of vaccine preventable diseases

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 record from a practitioner in another state

*Immunization records include vaccination history, medical exemptions, and laboratory results that indicate a child is not immunized. **An official record from a foreign nation may be accepted as a certificate of immunization without a signature if it is reviewed and signed by a health care provider in New York State.

Red Flags that warrant further investigation

- Vaccinations administered by a provider with a known history of vaccine fraud
- Students who appear to have come into compliance very quickly
- Required vaccines from a practice that typically does not administer them (e.g., chiropractic, naturopathic, 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/dT	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 Practices (ACIP) schedule.

Spotting Fraudulent Record Document

- Highlights red flags that may require reporting for further investigation
- Provides an example record for these red flags





Immunization Requirements Updates: Tdap and MenACWY

Tetanus and Diphtheria toxoid-containing vaccine and Pertussis (Tdap) Roll-out Updates

- A new requirement rolled out in the 2020-21 school year that the Tdap booster must be received after 10 years of age to satisfy the NYS immunization requirement
- Students who were in grades 7-12 during the 2020-21 school year are exempt from this new requirement
- **For the 2024-25 school year**, the roll-out indicates that students in grades 11 and 12 are still permitted to have received their Tdap booster as early as age 7; students in grades 6-10 fall under the new requirement and are required to receive their Tdap booster no earlier than 10 years of age (see table below)

2024-25 School Year

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

Meningococcal Meningitis (MenACWY)

Minimum Age Requirement Updates

- As of the 2016-17 school year, the MenACWY conjugate vaccine is a NYS immunization requirement
- Students who were in grades 7-12 during the 2016-17 school year have a minimum age of 6 weeks for their first dose of MenACWY; all younger students must receive their first dose no earlier than 10 years of age, before entering 7th grade
- **For the 2024-25 school year**, students in grades 12 are permitted to have received their MenACWY vaccine as early as 6 weeks of age; students in grades 7-11 must have received their MenACWY vaccine no earlier than 10 years of age (see table below)

2024-25 School Year

MenACWY First Dose	
Grades	Minimum Age
7, 8, 9, 10, 11	10
12	6 weeks

Tdap and MenACWY Immunization Requirements Roll-Out Table

School Year	Tdap adolescent booster minimum age	MenACWY dose 1 minimum age
2024-2025	Grades 6 through 10: 10 years Grades 11 and 12: 7 years	Grades 7 through 11: 10 years Grade 12: 6 weeks
2025-2026	Grades 6 through 11: 10 years Grade 12: 7 years	Grades 7 through 12: 10 years
2026-2027 and beyond	Grades 6 through 12: 10 years	Grades 7 through 12: 10 years

2024-25 School Year New York State Immunization Requirements for School Entrance / Attendance Document

Immunization Requirements 2024-25

2024-25 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

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 Recommendations for Child and Adolescent Immunization Schedule](#).² Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTaP/Tdap/Tap)	4 doses	5 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adjuvanted booster (Tdap)		Not applicable		1 dose
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 (Recombinant) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine ³	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACVY)		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the 1st dose was received at 10 years or older
Hemophilus influenzae type b conjugate vaccine (Hib)	1 to 4 doses		Not applicable	
Pneumococcal Conjugate vaccine (PCV)	1 to 4 doses		Not applicable	

- 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, 2010, 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.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (Minimum age: 6 weeks)
 - Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 18 through 24 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 first 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 first dose of the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose of the catch-up series; additional doses are needed, up to 5 Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the first dose was received at 4 years or older; if the first dose was received on or after the first birthday, then 3 doses are required, as long as the first dose was received at 4 years or older.
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adjuvanted booster vaccine (Minimum age for grades 6 through 10: 10 years; minimum age for grades 11 and 12: 7 years)
 - Students 7 years or older entering grade 6 through 12 are required to have one dose of Tdap.
 - In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2024-25, only doses of Tdap given at age 10 years or older will qualify the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 12.
 - Students who are 10 years old in grade 6, and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
- Inactivated polio vaccine (IPV) or oral polio vaccine (OPV) (Minimum age: 6 weeks)
 - Children starting the series on time should receive a series of IPV at 2 months, 4 months, 6 months, and at 18 months or 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
- Measles, mumps, and rubella (MMR) vaccine (Minimum age: 12 months)
 - The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - Rubella: At least one dose is required for all grades pre-kindergarten through 12.
- Hepatitis B vaccine
 - Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 16 weeks after dose 2 AND at least 16 weeks after dose 1 AND no more than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - Two doses of adult hepatitis B vaccine (Recombinant) received at least 4 months apart at age 11 through 15 years will meet the requirement.
- Varicella (chickenpox) vaccine (Minimum age: 12 months)
 - The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - For children younger than 12 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 years 10 years and older; the minimum interval between doses is 4 weeks.
- Meningococcal conjugate vaccine (MenACVY) (Minimum age for grades 7 through 10: 10 years; minimum age for grade 12: 6 weeks)
 - One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 10 years or older, the second (booster) dose is not required.
 - The second dose must have been received at 10 years or older. The minimum interval between doses is 6 weeks.
- Hemophilus influenzae type b (Hib) conjugate vaccine (Minimum age: 6 weeks)
 - Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The first dose must be received on or after 12 months.
 - If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 6 weeks after dose 2.
 - If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - If dose 1 was received at 15 months or older, only 1 dose is required. Hib vaccine is not required for children 5 years or older.

[For further information, refer to the CDC Catch-Up Guidance for Healthy Children: Children Entering a New School.](#)
- Pneumococcal conjugate vaccine (PCV) (Minimum age: 6 weeks)
 - Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The first dose must be received on or after 12 months.
 - Unvaccinated children ages 7 through 16 months who are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine with 8 weeks apart.
 - If one dose of vaccine was received at 24 months or older, no further doses are required.
 - PCV is not required for children 5 years or older.

[For further information, refer to the CDC Catch-Up Guidance for Healthy Children: Children Entering a New School.](#)

For further information, contact:

New York State Department of Health
Division of Vaccine Excellence
Room 605, Corning Tower ESP
Albany, NY 12237
(518) 473-4527

New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-02 28th Street, 5th floor
Long Island City, NY 11101
(212) 286-2423

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

- 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance

Document:

<https://www.health.ny.gov/publications/2370n.pdf>

- Spanish, Arabic, Bengali, Chinese, French, Haitian, Italian, Korean, Polish, Russian, Urdu, Yiddish



Department of Health

Haemophilus influenzae type B (Hib) and Pneumococcal Conjugate Vaccine (PCV)

Required for Pre-K only

New York State Immunization Requirements for School Entrance/Attendance*

*This information is subject to change without notice. For the most current version of this table, please visit the New York State Department of Health website at www.health.ny.gov/immunization. For more information on immunization requirements, please contact the New York State Department of Health at www.health.ny.gov/immunization.

Does requirements MUST be met with the features of this schedule

Vaccine	Prekindergarten (Day Care, Head Start, Nursery, or Pre-k)	Kindergarten and Grades 1, 2, 3 and 4	Grades 5, 6, 7, 8 and 9	Grade 10
Haemophilus influenzae type b conjugate vaccine (Hib)⁹	1 to 4 doses	1 dose	1 dose	1 dose
Pneumococcal conjugate vaccine (PCV)¹⁰	1 to 4 doses	1 dose	1 dose	1 dose

Note: The table above is a simplified representation of the full document. A red circle highlights the 'Haemophilus influenzae type b conjugate vaccine (Hib)' and 'Pneumococcal conjugate vaccine (PCV)' rows, with an arrow pointing to the summary table on the right.

Vaccines	Prekindergarten (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



Hib and PCV

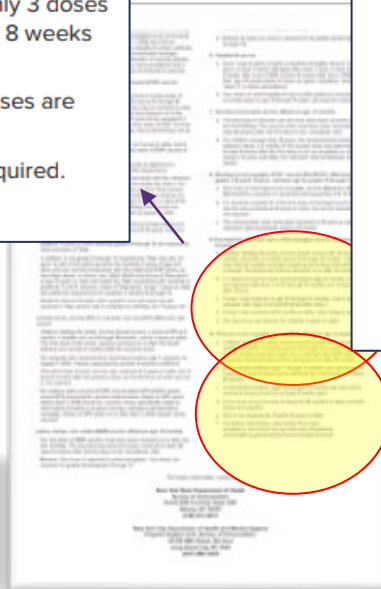
Intervals between doses of vaccine must be in accordance with ACIP schedule

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

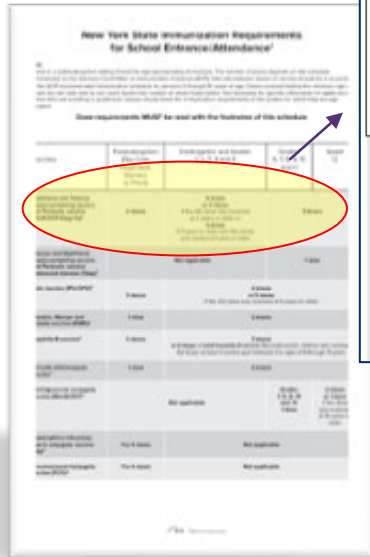
- Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
- If 2 doses of vaccine were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

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

- Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
- Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
- Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
- If one dose of vaccine was received at 24 months or older, no further doses are required.
- PCV is not required for children 5 years or older.
- For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools



Diphtheria and Tetanus toxoid-containing vaccine and Pertussis (DTaP) for Grades Pre-K through 12



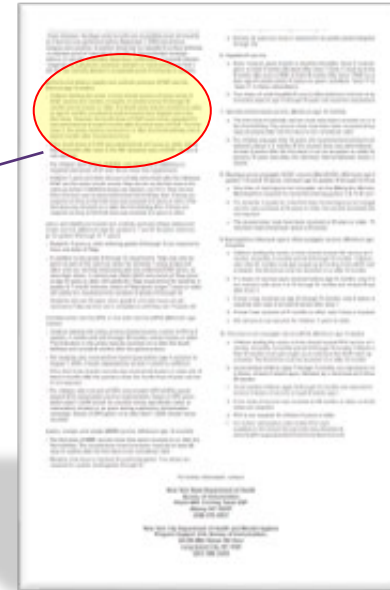
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years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



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. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.



Polio (IPV/OPV) for Grades Pre-K Through 12

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		

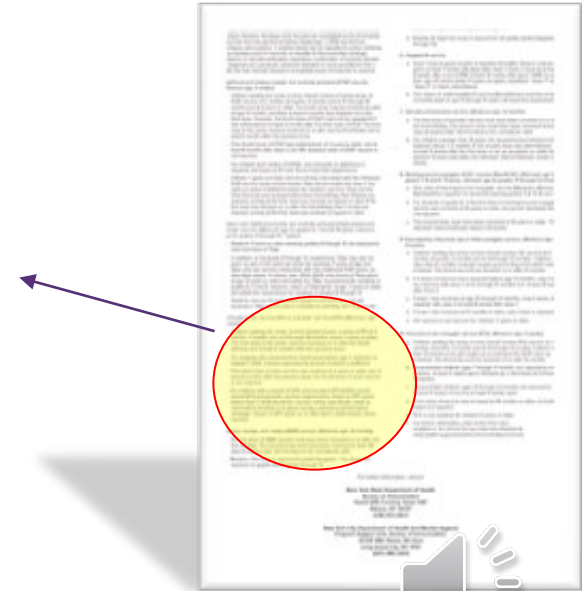
New York State Immunization Schedule for School Entrance/Attendance

Vaccine	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		

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 NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.



Measles, Mumps and Rubella (MMR) for Grades Pre-K Through 12

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses		

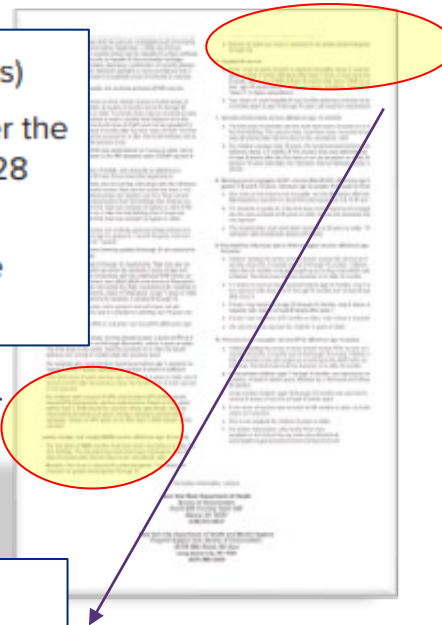
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses		

MMR

Intervals between doses of vaccine must be in accordance with ACIP schedule

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - 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 prekindergarten. Two doses are required for grades kindergarten through 12.

- c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
- d. Rubella: At least one dose is required for all grades (prekindergarten through 12).



Hepatitis B (HepB) for Grades Pre-K Through 12

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Hepatitis B vaccine⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		

The screenshot shows a document with a table. A red oval highlights a row in the table, and a purple arrow points from the 'Hepatitis B vaccine' row in the main table above to this highlighted section. The highlighted section contains text that is partially obscured but appears to be related to the vaccine schedule.

HepB

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.

Varicella (Chickenpox) for Grades Pre-K Through 12

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses		

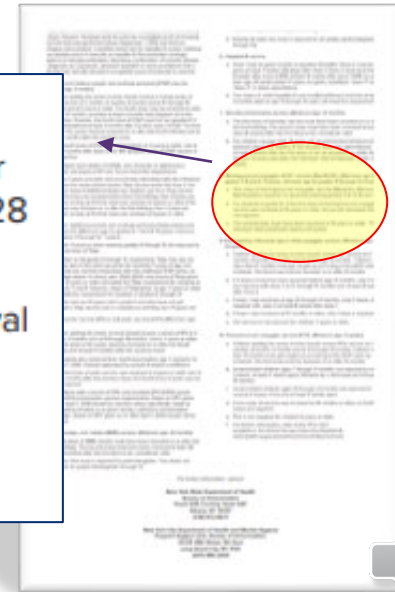
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses		

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.



Tdap for Grades 6 Through 12

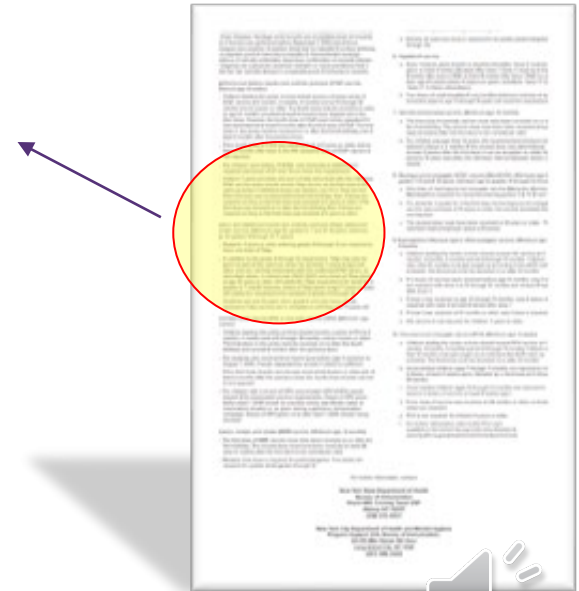
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)³	Not applicable		1 dose	

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)³	Not applicable		1 dose	

Tdap

Intervals between doses of vaccine must be in accordance with ACIP schedule

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years)
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.
 - 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.

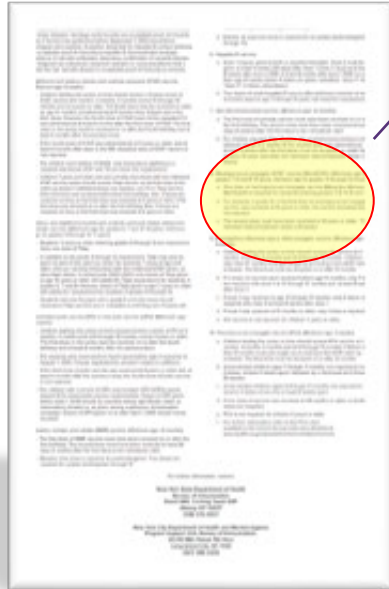


MenACWY for Grades 7 Through 12

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Meningococcal conjugate vaccine (MenACWY)^B	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older

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 10: 10 years; minimum age for grades 11 and 12: 6 weeks).
- One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - 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.



Immunization Worksheets

Immunization Worksheets

Daycare and Pre-K and K-12

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

Daycare and Pre-K Immunization Worksheet

INSTRUCTIONS FOR NEW YORK STATE SCHOOL IMMUNIZATION WORKSHEET FOR DAY CARE & PRE-K
 Use this worksheet to help you fill out the survey form. This worksheet is for your own record. Only transfer "Summary Totals" from the front of the last worksheet to the survey form.
The immunization status of all children in Pre-K/Day Care should be included, not only children who are behind or started late. Refer to the Catch-up Immunization Schedule for Immunization Intervals between doses of vaccine must be in accordance with the Advisory Committee for Immunization Practices (ACIP) recommendations. For children who are behind or started late, refer to the Catch-up Immunization Schedule for Immunization Intervals. For more information, visit <https://www.cdc.gov/vaccines/imz/downloads/ncip/ncipcatchup.html>

- 3. COMPLETE THIS FORM**
- column 1. Enter the name (last, first, middle initial) and birthday (month, day, year) for each child on a separate line.
 - column 2. Enter an "X" in the Children Without Immunization Record box for those children who do not have an immunization record or other proof of immunity on file. **Do not count students who have an immunization record in columns 4 through 14. Do not count children with medical exemptions in this column.**
 - column 3. Enter an "X" in the Medical Exemptions box for those children who have a medical exemption (DOH 5077) from a physician licensed to practice medicine in the State of New York.
 - column 4. Enter an "X" in the Diphtheria, Tetanus, and Pertussis (DTaP) box for those children who have received 4 doses of DTaP vaccine at age appropriate. Children starting the series on or after their 18th birthday and at 4 years or older. The fourth dose may be received on or after their 12th birthday, provided at least 6 months have elapsed since the third dose. However, 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 birthday and at least 6 months after the previous dose. If the fourth dose of DTaP administered at 4 years or older, and at least 6 months after dose 3, the fifth dose of DTaP vaccine is not required.
 - column 5. Enter an "X" in the Polio box for those children who have received 2 doses of polio vaccine or who have demonstrated serologic evidence of immunity to all 3 serotypes of polio by September 1, 2019. Children starting the series on time should receive a series of 4 doses on or after their 12th birthday and at 4 years or older. The final dose on or after the fourth birthday and at least 6 months after the previous dose of polio vaccine was received at 4 years or older and at least 6 months after the fourth dose of polio vaccine is not required.
 - column 6. Enter an "X" in the Measles box for those children who have received 1 dose of measles vaccine or who have demonstrated serologic evidence of immunity to all 3 serotypes of polio by September 1, 2019. Children starting the series on time should receive a series of 4 doses on or after their 12th birthday and at 4 years or older. The final dose on or after the fourth birthday and at least 6 months after the previous dose of measles vaccine was received at 4 years or older and at least 6 months after the fourth dose of polio vaccine is not required.
 - column 7. Enter an "X" in the Mumps box for those children who have received 1 dose of mumps vaccine or who have demonstrated serologic evidence of immunity to all 3 serotypes of mumps by September 1, 2019.

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

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

Complete Instructions on Page 2 Do Not Return This Form Key For Your Records

Day Care/Pre-K Name _____
 Room _____ Class _____ Total Enrollment _____ Prepared By _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Number of Children	Children Without Immunization Record	Medical Exemptions	Diphtheria, Tetanus, and Pertussis (DTaP)	Polio	Measles	Mumps	Sub-totals	Hemophilus influenzae Type B (Hib)	Hepatitis B	Varicella (Chickenpox)	Pharyngeal (PCV)	Complete Immunized	9 Procs.	Immune Children
	Students with no proof of immunity	Students with a valid DOH-5077 on file	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	Children who meet all the requirements for columns 4-12	See criteria on Page 2	Children who are considered immune under existing laws
DOH														
Name _____														
Sub-total this page _____														
Summary Total _____														
Number of children this page _____														
TABULATING THE DATA														
Add the number of "X's" in each column and enter the sub-totals on each page. Add the sub-totals for each page and enter the summary totals on the last page. Transfer all totals by grade into the Survey Summary Form.														
BEROLOGY														
BEROLOGY														
BEROLOGY														
BEROLOGY														
BEROLOGY														
BY OF DISEASE														



Using Immunization Worksheets

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

New York State Department of Health School Immunization Worksheet for Grades K-12											
Completion Instructions on Page 2						Do Not Return This Form					
School Name _____											
Room _____		Grade _____		Total Enrollment _____			Prepared By _____				
1	2	3	4	5	6	7	8	9	10	11	12
Total Number of Students	Students Without Immunization Record	Medical Exemptions	Diphtheria, Tetanus and Pertussis (DTaP/DT)	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella (Chickenpox)	Tdap Booster Tetanus, Diphtheria and Pertussis	Measles
	Students with no	Students with a valid	See criteria on Page 2	See criteria	See criteria	See criteria on	See criteria on	See criteria	See criteria on	See grade require-	See r

Using Immunization Worksheets

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

1		2	
Total Number of Students		Students Without Immunization Record	Med Exemp
		Students with no proof of immunity	Stud with DOH on
		Name	DOB

Using Immunization Worksheets

es K-12					Page _____ of _____
					Keep For Your Records
	11	12	13	14	15

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

Using Immunization Worksheets

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

INSTRUCTIONS FOR SCHOOL IMMUNIZATION WORKSHEET GRADES K-12

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

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

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

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

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

Column 5. Enter an "X" in the Polio box for those students who have received 4 doses of polio vaccine, or 3 doses with the 3rd dose on or after the 4th birthday. The final dose must have been received at 4 years of age or older. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient. Serological evidence of immunity to all 3 serotypes of polio is also acceptable proof of immunity to polio disease if accepted prior to September 1, 2019. For children with a record of OPV, only Inactivated OPV (IOPV) counts toward NYS school polio vaccine requirements.

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

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

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

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

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

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

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

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

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

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

- Using the instructions on the back of the worksheet, fill out the following information in the corresponding columns for each student

- Students without records
- Any students with medical exemptions
- Immunization information
- Students on a catch-up schedule who would be considered *in-process*
- Any students who are considered homeless under McKinney Vento



New York State Immunization Information System and the Citywide Immunization Registry

New York State Immunization Information System (NYSIIS)

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



New York State Immunization Information System (NYSIIS)

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

If using NYSIIS for electronic record storage:

An attestation will be included in the yearly survey to verify that your school is monitoring each student's record within NYSIIS to ensure it remains in compliance



Finding New York State Immunization Information System (NYSIIS) Records

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

The screenshot displays the NYSIIS interface. On the left is a dark blue sidebar with the 'nysiis' logo and the text 'New York State Immunization Information System'. Below this, it says 'Production Region 7.21' and 'Patients manage patient'. The main content area shows a list of 'Announcements' with dates and 'NEW' tags. A purple arrow points from the 'Patients manage patient' link in the sidebar to the 'Patient Search Criteria' form on the right. The form includes fields for Last Name, First Name, Middle Name, Birth Date, Mother's Maiden Last, and Mother's First Name. It also has a Gender dropdown, a Phone field, and a Patient ID field. A 'Find' button is located at the top right of the form.

Finding New York State Immunization Information System (NYSIIS) Records


- Select the student from the list after searching patient criteria

Patient Search Criteria

Last Name Gender

First Name Phone - -

Middle Name Patient ID

Birth Date 

Mother's Maiden Last

Mother's First Name

Possible Matches: 2

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

Finding New York State Immunization Information System (NYSIIS) Records

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

Personal Information

* Last Name	ACCOUNT	* Gender	Male
* First Name	TEST	Medicaid ID	
Middle Name		Birth Order	(for multiple births)
Suffix		Birth Country	UNITED STATES
* Birth Date	01/01/1999	Patient Consents to Share Immunization Data?	
* Mother's Maiden Last		Last Notice:	
* Mother's First Name			

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

Patient Information ▼
 Address Information ▼
 Responsible Persons (0) ▼
 Patient Comments (0) ▼
 Patient Notes (0) ▼

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

Finding New York State Immunization Information System (NYSIIS) Records

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

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

New York State Immunization Information System (NYSIIS) Training

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

The screenshot shows the NYSIIS Training page. At the top, there is a navigation bar with the New York State logo and links for Services, News, and Government. Below this is a purple header for the Department of Health with sub-links for Individuals/Families, Providers/Professionals, Health Facilities, Health Data, About Us, and Search. The main content area is titled "Training" and includes a breadcrumb trail: "You are Here: Home Page > New York State Immunization Information System (NYSIIS) > Training". The text states that all NYSIIS training is accessed through the New York State Public Health Learning Management System (LMS) at nylearnsph.com. It provides instructions on how to set up an account and enroll in classes, and lists three key documents: the Course Enrollment Quick Guide for NYSIIS, the NYSIIS Post Training Instructions, and the User Manual - Version 7.1Q (Revised 3/2023) (PDF). A link to Initial NYSIIS Setup Instructions is also provided.

Image links to Training page

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



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 NYC 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: <https://immunize.nyc/provider-client/servlet/PC>
- CIR Log-in: <https://immunize.nyc/provider-client/servlet/PC>

Link



CIR

- For information about accessing CIR, and to set up an online account go to: <https://www1.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



Resources



Public Health Law

- Public Health Law § 2164:
https://www.health.ny.gov/prevention/immunization/schools/docs/phl_title_vi.pdf
- SubPart 66-1 School Immunization Requirements:
<https://regs.health.ny.gov/volume-1a-title-10/content/subpart-66-1-school-immunization-requirements>

CDC

- ACIP catch-up schedule:
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
- CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases, a.k.a. the "Pink Book," provides information on vaccines and the diseases they prevent: <https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- CDC Safety, Multiple Vaccines at Once:
<https://www.cdc.gov/vaccinesafety/concerns/multiple-vaccines-immunity.html>

Immunization Requirements

- Schools Page: www.health.ny.gov/prevention/immunization/schools
- 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance: <https://www.health.ny.gov/publications/2370n.pdf>
 - Spanish: <https://www.health.ny.gov/publications/2405n.pdf>
 - Chinese: <https://www.health.ny.gov/publications/2491.pdf>
 - Haitian: <https://www.health.ny.gov/publications/2492.pdf>
 - Italian: <https://www.health.ny.gov/publications/2493.pdf>
 - Korean: <https://www.health.ny.gov/publications/2494.pdf>
 - Russian: <https://www.health.ny.gov/publications/2495.pdf>
 - Arabic: <https://www.health.ny.gov/publications/2497.pdf>
 - Bengali: <https://www.health.ny.gov/publications/2498.pdf>
 - Yiddish: <https://www.health.ny.gov/publications/17092.pdf>
 - Polish: <https://www.health.ny.gov/publications/17093.pdf>

Medical Exemptions

- Medical Exemption: <https://www.health.ny.gov/forms/doh-5077.pdf>
- Medical Exemption Procedures: https://www.health.ny.gov/professionals/doctors/conduct/docs/medical_exemption_review_procedures_for_schools.pdf
- NYC Medical Exemption: <https://www.schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English>

School Survey and Worksheets

- School Immunization Requirements Handbook:
https://commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs?docPath=/hcs_Documents/Source/hpn/hpnSrc/01CF24139336AA25E0630447A8C02BEE.pdf
- Immunization Worksheets
 - Daycare and Pre-K
https://www.health.ny.gov/prevention/immunization/schools/docs/imm_worksheet_daycare_pre_k_template.pdf
 - K-12
https://www.health.ny.gov/prevention/immunization/schools/docs/k_12_imm_worksheet_template.pdf

Health Commerce System (HCS) and New York State Immunization Information System (NYSIIS)

- HCS: https://commerce.health.state.ny.us/public/hcs_login.html
- Password Reset: https://commerce.health.state.ny.us/public/fpf_qrg.pdf
- Accessing and Completing K-12 School Immunization Survey Instructions: https://www.health.ny.gov/prevention/immunization/schools/docs/k12_school_survey_instructions.pdf
- NYSIIS Information: https://www.health.ny.gov/prevention/immunization/information_system/

NYC Immunization Information

- NYC Medical Exemption:
<https://www.schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-English>
- Citywide Immunization Registry (CIR):
<https://immunize.nyc/provider-client/servlet/PC>
- CIR Account Info:
<https://www1.nyc.gov/site/doh/providers/reporting-and-services/cir-security-admin-info.page>
- New York City Department of Health and Mental Hygiene:
school_immunizations@health.nyc.gov or (347) 396-2400

Educational Resources

- Schools Page: www.health.ny.gov/prevention/immunization/schools
- ACIP catch-up schedule: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
- Medical Exemption Procedures:
https://www.health.ny.gov/professionals/doctors/conduct/docs/medical_exemption_review_procedures_for_schools.pdf
- Immunization Worksheets:
 - Daycare and Pre-K
https://www.health.ny.gov/prevention/immunization/schools/docs/imm_worksheet_daycare_pre_k_template.pdf
 - K-12
https://www.health.ny.gov/prevention/immunization/schools/docs/imm_worksheet_daycare_pre_k_template.pdf
- Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages:
<https://www.immunize.org/catg.d/p5122.pdf>
- Vaccination Record Translation: <https://forms.web.health.state.mn.us/form/vaxref> – available languages: українська (Ukrainian), Русский (Russian), Español (Spanish), Français (French), Português (Portuguese)

Partnering Agencies

- **New York State Education Department (NYSED):** <https://www.nysed.gov/>
 - Know Your Rights - Free Public Education: <https://ag.ny.gov/sites/default/files/letters/kyr-ed.pdf>
 - New York State Center for School Health: <https://www.schoolhealthny.com/>
 - McKinney-Vento Homeless Education: <https://www.nysed.gov/essa/mckinney-vento-homeless-education>
 - New York State Technical and Education Assistance Center for Homeless Students: www.nysteachs.org
 - 800-388-2014 (Helpline for questions about school-related issues)
 - State Homeless Program Coordinator:
 - conappta@nysed.gov (use the subject line: homeless)
 - 518-473-0295
- **Office of Temporary and Disability Assistance (OTDA):** <https://otda.ny.gov/>
 - Refugee Services: <https://otda.ny.gov/programs/bria/>
 - Contact: bria.contact@otda.ny.gov

Contacts

- Online School Assessment Survey: OSAS@health.ny.gov
- New York State Immunization Information System (NYSIIS): nysiis@health.ny.gov
- Bureau of Immunization: (518) 473-4437
- County Health Departments: https://www.health.ny.gov/contact/contact_information/

NEW
YORK
STATEDepartment
of Health

Regional Contacts

- Capital District Regional Office: 518-473-4437
- Central NY Regional Office: 315-477-8164
- Buffalo Office: 716-847-4501
- Rochester Office: 585-423-8097
- New Rochelle Office: 914-654-7149
- Middletown Office: 845-794-2045
- Central Islip Office: 631-851-3096