



**Department  
of Health**

# **Overview of 2023-24 School Year Immunization Requirements**

**Public Health Law § 2164**

# Overview

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# Introduction

# Bureau of Immunization

## School Assessment and Compliance Unit

- 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 compliancy
  - Implements guidance from the Advisory Committee of Immunization Practices (ACIP) Catch-up Schedule
  - Performs school audits

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

# 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 or foreign students) 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 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.



# Other Acceptable Immunization Records

## Acceptable without practitioner signature

- NYSIIS or CIR record
- Official record from another state
- Electronic health 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 at least first dose of each immunization series and has age-appropriate appointments within a 14-day period to complete the immunization series

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

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →												
Rotavirus (RV); RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →				3 <sup>rd</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose →	See Notes									
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →									
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose		← 3 <sup>rd</sup> dose →						4 <sup>th</sup> dose					
Influenza (IV4)										Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only
Influenza (LIV4)													Annual vaccination 1 or 2 doses				Annual vaccination 1 dose only
Measles, mumps, rubella (MMR)						See Notes	← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Varicella (VAR)							← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes				2-dose series, See Notes								
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																1 dose	
Human papillomavirus (HPV)																See Notes	
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)										See Notes						1 <sup>st</sup> dose	2 <sup>nd</sup> dose
Meningococcal B (MenB-4C, MenB-FHbp)																	See Notes
Pneumococcal polysaccharide (PPSV23)																	See Notes
Dengue (DENACYD; 9-16 yrs)																	Seropositive in endemic areas only (See Notes)

# Medical Exemption\*

Completed by New York State licensed physician on the New York State Department of Health form

- 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	
<b>NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE</b>			
<b>Instructions:</b>			
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: <a href="http://www.cdc.gov/vaccines/imz/faq-admin/contraindications.htm">http://www.cdc.gov/vaccines/imz/faq-admin/contraindications.htm</a>.</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 at least one dose of each immunization series and has age-appropriate appointments to complete the immunization series within 14 days after the minimum interval
- 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

- Measles
- Mumps
- Rubella
- Varicella
- FluMist Influenza



# Acceptable Timeline for Serological Testing

- Students are allowed to have serological testing (**see slide 10**) within 14 days of the first day of school
- If results are negative or equivocal, appointment dates for vaccination must be scheduled and completed within 30 days from the notification of negative or equivocal serology results

The New York State Department of Health believes 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.



# Medical Exemptions & Susceptible List

# Medical Exemptions

- Must be submitted **every new school year** 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>

**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.

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1. Patient's Name \_\_\_\_\_
2. Patient's Date of Birth \_\_\_\_\_
3. Patient's Address \_\_\_\_\_
4. Name of Educational Institution \_\_\_\_\_

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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"/> Polio (IPV or OPV) <input type="checkbox"/> Hepatitis B (Hep B) <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)	<input type="checkbox"/> Measles, Mumps, and Rubella (MMR) <input type="checkbox"/> Varicella (Chickenpox) <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) <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: \_\_\_\_\_

D04-5077 (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: _____ _____ _____	
<b>Date exemption ends (if applicable)</b> _____ _____	
<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 _____	
<b>For Institution Use ONLY: Medical Exemption Status</b> <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

All 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: Exclusions and School Survey

# Exclusion

For students out of compliance with PHL at any time throughout the school year

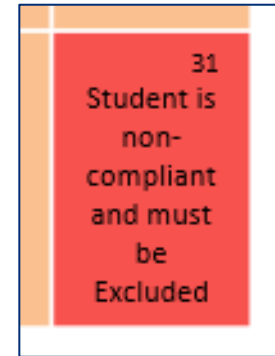
- Principal or person in charge of school must exclude students who have been out of compliance for more than 14 days until they can provide proof of compliance

## 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			

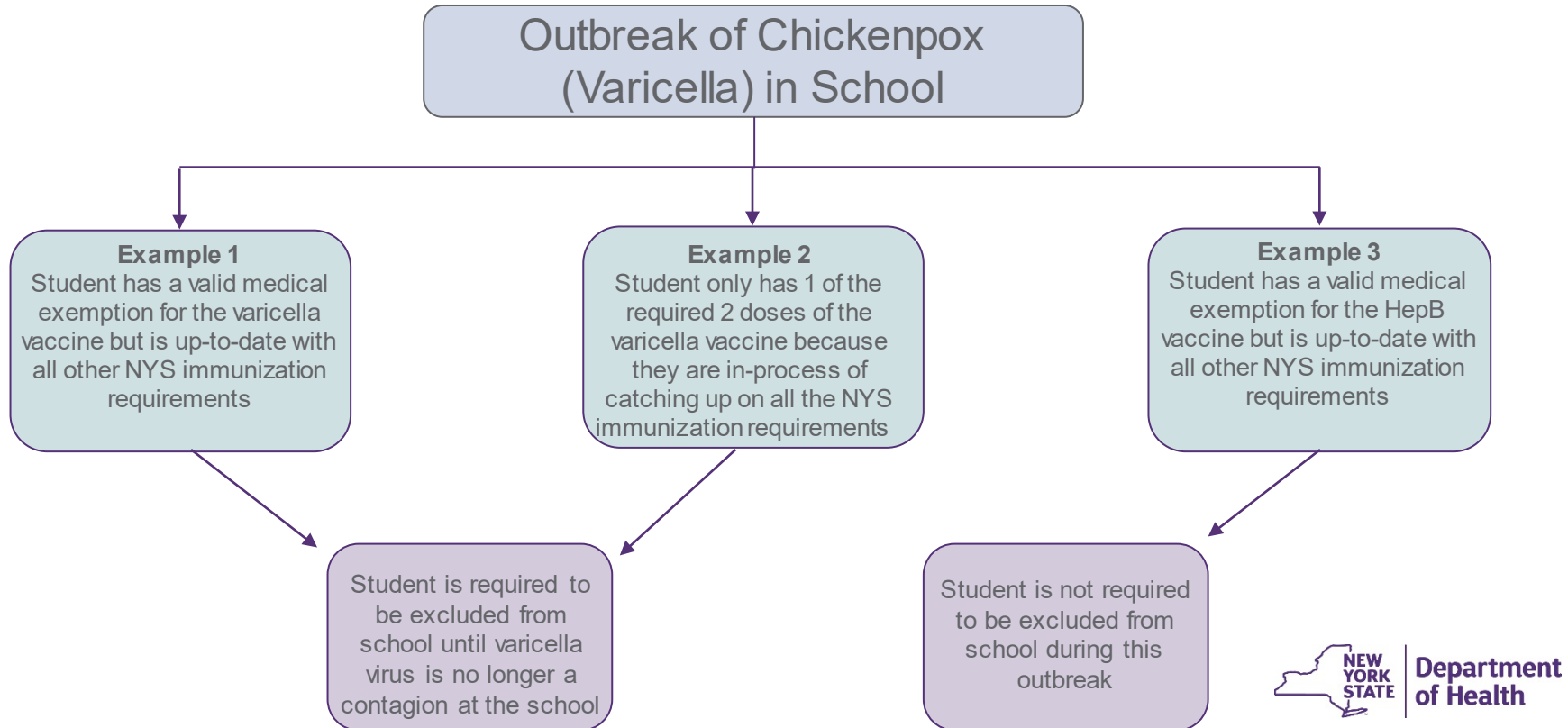
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Day 28 Can receive second dose tomorrow	16 Dose 2 If not received, now a missed dose	17 Student is overdue and now has 14 days to immunize
18	19	20	21	22	23	24
25	26	27	28	29	30 Final day to immunize before exclusion	31 Student is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



# Notifications of Exclusion

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

# 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>

It is important to remember that the vast majority of homeless students have been enrolled in school before and have had required immunizations



# Annual Mandated School Surveys

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


- 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](mailto:osas@health.ny.gov) or contact the Bureau of Immunizations

# Health Commerce System (HCS)

Secure online communications system operated by NYS DOH

- HCS: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)
- Instructions for Accessing and Completing K-12 Immunization Surveys: [https://www.health.ny.gov/prevention/immunization/schools/docs/k12\\_school\\_survey\\_instructions.pdf](https://www.health.ny.gov/prevention/immunization/schools/docs/k12_school_survey_instructions.pdf)

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](#)



# 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 2023-24 school year**, the roll-out indicates that students in grades 10-12 are still permitted to have received their Tdap booster as early as age 7; students in grades 6-9 fall under the new requirement and are required to receive their Tdap booster no earlier than 10 years of age (see table below)

2023-24 School Year

Tdap Booster Age Requirements	
Grades	Minimum Age
6, 7, 8 and 9	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 7<sup>th</sup> grade
- For the 2023-24 school year**, students in grades 11 and 12 are permitted to have received their MenACWY vaccine as early as 6 weeks of age; students in grades 7-10 must have received their MenACWY vaccine no earlier than 10 years of age (see table below)

2023-24 School Year

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

# Tdap and MenACWY Immunization Requirements Roll-Out Table

School Year	Tdap adolescent booster minimum age	MenACWY dose 1 minimum age
2023-2024	Grades 6 through 9: 10 years Grades 10 through 12: 7 years	Grades 7 through 10: 10 years Grades 11 and 12: 6 weeks
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

# 2023-24 School Year New York State Immunization Requirements for School Entrance/Attendance Document

# Immunization Requirements 2023-24

## 2023-24 School Year

### New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

#### NOTES:

All children must be age-appropriately immunized to attend school in NYC. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the ["ACIP Recommended Child and Adolescent Immunization Schedule"](#). Doses received before the minimum age or intervals 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-level 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/TSaP/TSd) <sup>1</sup>	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	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adjuvanted booster (Tdap) <sup>2</sup>		Not applicable	1 dose	
Polio vaccine (IPV/OPV) <sup>3</sup>	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Masles, Mumps and Rubella vaccine (MMR) <sup>4</sup>	1 dose	2 doses		
Hepatitis B vaccine <sup>5</sup>	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 1 through 15 years		
Varicella (Chickenpox) vaccine <sup>6</sup>	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) <sup>7</sup>		Not applicable	Grades 7, 8, 9, 10 and 11, 1 dose	2 doses or 1 dose if the dose was received at 15 years or older
Haemophilus influenzae Type B conjugate vaccine (Hib) <sup>8</sup>	1 to 4 doses		Not applicable	
Pneumococcal Conjugate vaccine (PCV) <sup>9</sup>	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, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Documented serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child 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 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 first dose in 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 the 1st (or 1st booster) dose of DTaP vaccine is not required.
  - For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
  - 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 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) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8-10 years, minimum age for grades 9 through 12: 7 years)
  - Students 11 years and older entering grades 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 2022-2023, only doses of Tdap given age 10 years or older will satisfy the 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.
  - 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 and at 6 through 18 months, and at 4 years or older. The first 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, 2005, 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.
  - For children with a record of OPV, only trivalent OPV (OPV3) counts toward NY school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as noncounted, based on an in-grading or a positive immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
- Masles, 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 after the first dose to be considered valid.
  - Masles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
- Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
- Rubella: At least one dose is required for all grades 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 1 AND at least 8 weeks after dose 1 AND no earlier than age 24 weeks before 4 doses are given, substitute "Dose 4" for "Dose 3" in these calculations.
  - Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 1 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 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.
- Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7, 8 and 9: 9 years; minimum age for grades 10 through 12: 6 weeks)
  - One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students enrolling in 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 6 weeks.
- 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.
  - 2 doses of vaccine were received at 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 18 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - If dose 1 was received at 18 months or older, only 1 dose is required.
  - Hib vaccine is not required for children 5 years or older.
- 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 2 months 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 Safety Instruction Booklet at: [www.health.ny.gov/publications/immunization/vaccines/](http://www.health.ny.gov/publications/immunization/vaccines/)

For further information, contact

New York State Department of Health  
Bureau of Immunization  
Room 648, Corning Tower 5th Fl  
Albany, NY 12247  
(914) 473-4437

New York City Department of Health and Mental Hygiene  
Program Support Unit, Bureau of Immunization  
42-09 28th Street, 5th Floor  
Long Island City, NY 11101  
(347) 396-2433

New York State Department of Health/Bureau of Immunization  
health.ny.gov/immunization

- 2023-24 School Year New York State Immunization Requirements for School Entrance/Attendance Document:

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

[Spanish](#), [Chinese](#), [Haitian Creole](#), [Italian](#), [Korean](#), [Russian](#), [Arabic](#), [Bengali](#), [Yiddish](#), [Polish](#)



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\***

\*See requirements below for immunization requirements. The vaccine names appear on the schedule. The immunization schedule is subject to change without notice. When the schedule changes, the state will update the immunization requirements. The immunization requirements are subject to change without notice. The immunization requirements are subject to change without notice. The immunization requirements are subject to change without notice.

**Does requirements MUST be read with the footnote 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
<b>Haemophilus influenzae type b conjugate vaccine (Hib)<sup>9</sup></b>	1 to 4 doses	1 dose	1 dose	1 dose
<b>Pneumococcal conjugate vaccine (PCV)<sup>10</sup></b>	1 to 4 doses	1 dose	1 dose	1 dose

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)
<b>Haemophilus influenzae type b conjugate vaccine (Hib)<sup>9</sup></b>	<b>1 to 4 doses</b>
<b>Pneumococcal Conjugate vaccine (PCV)<sup>10</sup></b>	<b>1 to 4 doses</b>



# Hib and PCV

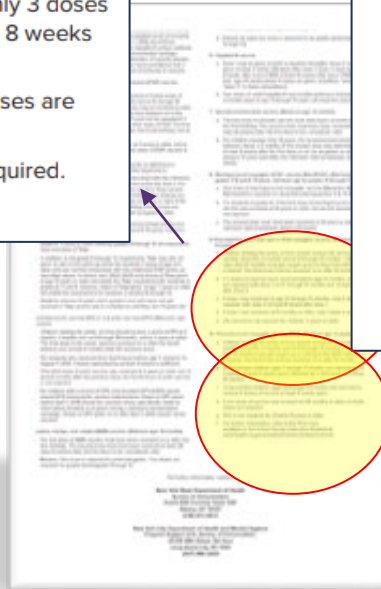
Intervals between doses of vaccine must be in accordance with ACIP schedule

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

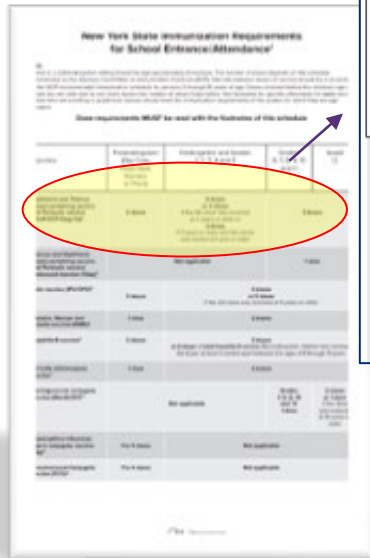
- a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
- b. If 2 doses of vaccine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

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

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



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

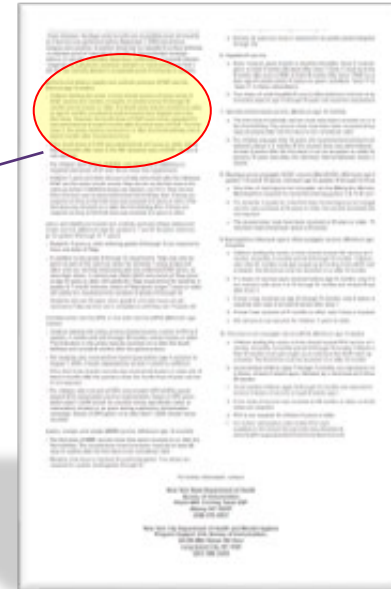


Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
<b>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)<sup>2</sup></b>	<b>4 doses</b>	<b>5 doses or 4 doses</b> if the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

# 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
<b>Polio vaccine (IPV/OPV)<sup>4</sup></b>	<b>3 doses</b>	<b>4 doses or 3 doses</b> if the 3rd dose was received at 4 years or older		

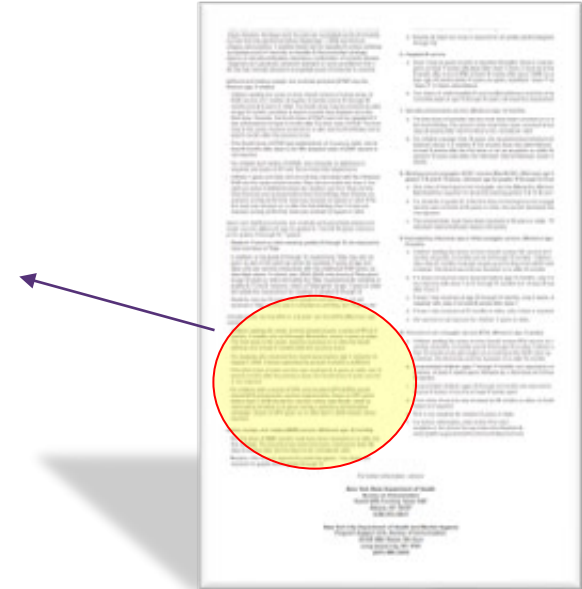
**New York State Immunization Schedule for School Entrance/Attendance**

Polio vaccine (IPV/OPV)<sup>4</sup>

# 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
<b>Measles, Mumps and Rubella vaccine (MMR)<sup>5</sup></b>	<b>1 dose</b>	<b>2 doses</b>		

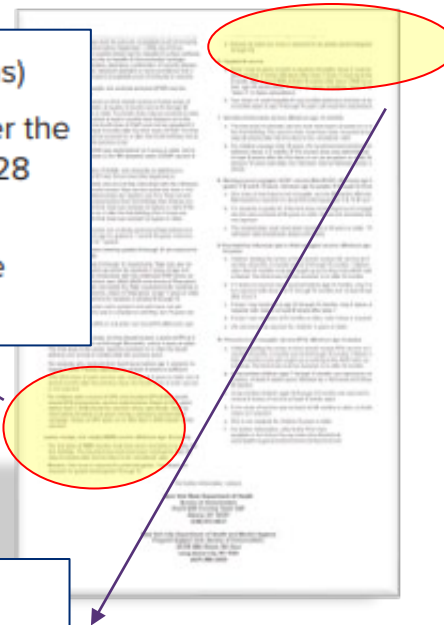
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
<b>Measles, Mumps and Rubella vaccine (MMR)<sup>5</sup></b>	<b>1 dose</b>	<b>2 doses</b>		

# 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
<b>Hepatitis B vaccine<sup>6</sup></b>	<b>3 doses</b>	<b>3 doses</b> or <b>2 doses</b> 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 row. The highlighted row contains text that is partially obscured but appears to be related to the vaccination schedule for Hepatitis B.

# 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
<b>Varicella (Chickenpox) vaccine<sup>7</sup></b>	<b>1 dose</b>	<b>2 doses</b>		

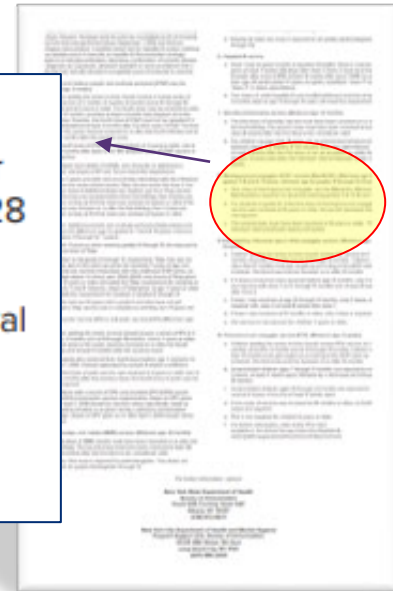
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
<b>Varicella (Chickenpox) vaccine<sup>7</sup></b>	<b>1 dose</b>	<b>2 doses</b>		

# 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

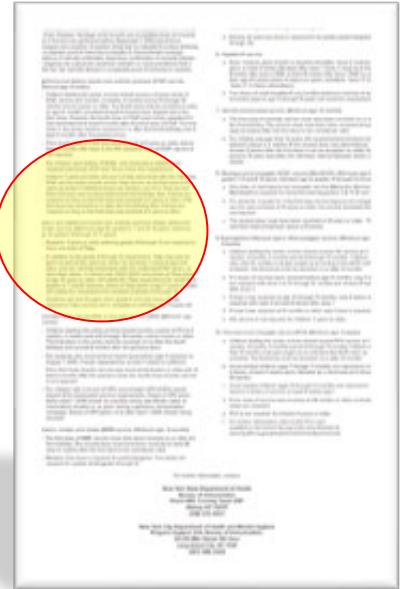
Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
<b>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)<sup>3</sup></b>	<b>Not applicable</b>		<b>1 dose</b>	

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
<b>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)<sup>3</sup></b>	<b>Not applicable</b>		<b>1 dose</b>	

# 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.

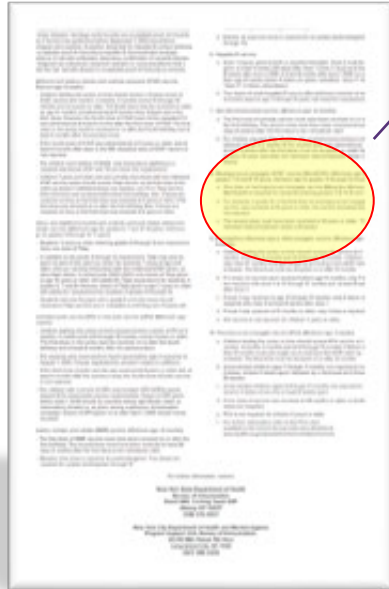


# MenACWY for Grades 7 Through 12

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
<b>Meningococcal conjugate vaccine (MenACWY)<sup>B</sup></b>	<b>Not applicable</b>		<b>Grades 7, 8, 9, 10 and 11: 1 dose</b>	<b>2 doses or 1 dose if the dose was received at 16 years or older</b>

# 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).
  - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
  - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
  - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.



# 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 compliancy 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](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\\_%20imm\\_worksheet\\_template.pdf](https://www.health.ny.gov/prevention/immunization/schools/docs/k_12_%20imm_worksheet_template.pdf)

# Daycare and Pre-K Immunization Worksheet

### INSTRUCTIONS FOR NEW YORK STATE SCHOOL IMMUNIZATION WORKSHEET FOR DAY CARE AND PRE-K

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 children in Pre-K/Day Care should be included, not only new entrants.

Practices (ACIP) Recommended Immunization Schedules for Persons 0 Through 18 Years of Age and 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind available at:

### 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

Keep For Your Records

Pre-K/Day Care 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 Exempt	Diphtheria Tetanus Pertussis (DTaP)	Polio	Measles	Mumps	Rubella	Hemophilus Influenza Type B (Hib)	Hepatitis B	Varicella (Chickenpox)	Pneumococcal (PCV)	Complex Immune	In Process	Homeless Children
	Students with no proof of immunity	Students with a valid DCM-9077 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 homeless under McKinney Vento
Name	DOB													
Sub-totals page														
Summary Totals														
Number of students 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 to grade onto the Survey Summary Form.

- to be...  
  - Column 8: Enter an "X" in the Rubella box for those children who have received 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 Hemophilus influenzae type B (Hib) box for those children who have received the appropriate number of doses of Hib vaccine. Please see 2012-23 School Year New York State Immunization Requirements for School Entrance/Attendance ([ny.gov](http://ny.gov)) for full schedule.
  - Column 10: Enter an "X" in the Hepatitis B box for those children who have received 2 doses of Hepatitis B vaccine at age appropriate or who have demonstrated serologic evidence of immunity to Hepatitis B disease. Please see 2012-23 School Year New York State Immunization Requirements for School Entrance/Attendance ([ny.gov](http://ny.gov)) for full schedule.
  - Column 11: Enter an "X" in the Varicella (Chickenpox) box for those children who have received 1 dose of varicella vaccine no more than 4 days prior to their first birthday, 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.
  - Column 12: Enter an "X" in the Pneumococcal (PCV) box for those children who have received the appropriate number of doses of pneumococcal vaccine for their age. Please see 2012-23 School Year New York State Immunization Requirements for School Entrance/Attendance ([ny.gov](http://ny.gov)) for full schedule.
  - Column 13: Enter an "X" in the Completely Immune box for those children who meet all requirements for columns 4 through 12. Children counted in column 2 should not be counted in column 13.
  - Column 14: Enter an "X" in the In Process box for those children who are not age appropriately 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 Children box for those children who are considered homeless under McKinney Vento.



# K-12 Immunization Worksheet

### 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.

Immunization Practices (ACIP) Recommended Immunization Schedules for Persons 0 Through 18 Years of Age  
 Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind available at:

## New York State Department of Health School Immunization Worksheet for Grades K-12

Page \_\_\_\_\_ of \_\_\_\_\_

Completion Instructions on Page 2

Do Not Return This Form

Keep For Your Records

School Name \_\_\_\_\_

Room \_\_\_\_\_

Grade \_\_\_\_\_

Total Enrollment \_\_\_\_\_

Prepared By \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Total Number of Students	Students Without Immunization Record	Medical Exemption	Copies/Carryover, Tetanus and Pertussis (COPACOTT)	HepB	HepA	HepB	Polio	Rubella	Hepatitis B	Varicella (Chickenpox)	Tdap Booster (Tdap, Tetanus, Diphtheria and Pertussis)	MenACWY	Complex (MM/MC/MC/MC)	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 criteria on Page 1	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 1.	See criteria on Page 2	Students considered homeless under McKinney Vento

Name	DOB													

**FABULATING THE DATA**  
 Add the number of "0" 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 onto the Survey Summary Form.

RE: who do not enter who do not enter who

Age of Birth State of

is who have birth date of or lose most doses of DT

if vaccine, or ten received 4 and prior to incidence of disease if lost OPV

meets if more than 4 days 28 days later

unless if more than 4 days 28 days later

case of rubella if serologic

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 6 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: 16 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 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 _____
					<b>Keep For Your Records</b>
	11	12	13	14	15

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

# Using an Immunization Worksheet

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/imz/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







# School Immunization Survey and HERDS

- Use the totals from the completed worksheets to ensure accuracy when filling out the School Immunizations Survey (Instructions linked on next page)

1. Grades for School Survey	
Grades for School Survey *	Select a value <span>?</span> <span>®</span>
Number of Immunization Records Reviewed	<input type="text"/> <span>?</span>
Number Children/Students Without Record	<input type="text"/> <span>?</span> <span>®</span>
Number with Medical Exemptions	<input type="text"/> <span>?</span> <span>®</span>
Number with DTaP Vaccine (see instructions for vaccine type and # of doses required)	<input type="text"/> <span>?</span> <span>®</span>
Number with Polio Vaccine (see instructions for # of	<input type="text"/> <span>?</span> <span>®</span>

# School Survey Instructions

- Instructions for Accessing and Completing K-12 Immunization Surveys:

[https://www.health.ny.gov/prevention/immunization/schools/docs/k12\\_school\\_survey\\_instructions.pdf](https://www.health.ny.gov/prevention/immunization/schools/docs/k12_school_survey_instructions.pdf)

# NYSIIS and CIR

# New York State Immunization Information System (NYSIIS)

- NYSIIS helps establish a complete, accurate, secure, real-time immunization medical record that is easily accessible and promotes public health by fully immunizing all individuals appropriate to age and risk



# NYSIIS

- NYSIIS can be accessed by your school's HCS coordinator
- 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
  - Records exported from NYSIIS are considered valid medical records to have on file for each student if they reflect the most current information available

# NYSIIS

- More about NYSIIS training, providers, and regulations can be found at:  
[https://www.health.ny.gov/prevention/immunization/information\\_system/](https://www.health.ny.gov/prevention/immunization/information_system/)
- For more information you can email: [nysiis@health.ny.gov](mailto:nysiis@health.ny.gov)



# 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
- CIR records are considered valid medical records to have on file for each student if they reflect the most current information available
- 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](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](http://www.health.ny.gov/prevention/immunization/schools)
- 2023-24 School Year New York State Immunization Requirements for School Entrance/Attendance: <https://www.health.ny.gov/publications/2370.pdf>
  - Spanish: <https://www.health.ny.gov/publications/2405.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](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

- Schools Survey Questions and Answers Booklet:  
[https://www.health.ny.gov/prevention/immunization/schools/school\\_survey/docs/questions\\_and\\_answers.pdf](https://www.health.ny.gov/prevention/immunization/schools/school_survey/docs/questions_and_answers.pdf)
- Immunization Worksheets
  - Daycare and Pre-K  
[https://www.health.ny.gov/prevention/immunization/schools/docs/imm\\_worksheet\\_daycare\\_pre\\_k\\_template.pdf](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\\_%20imm\\_worksheet\\_template.pdf](https://www.health.ny.gov/prevention/immunization/schools/docs/k_12_%20imm_worksheet_template.pdf)

# HCS and NYSIIS

- HCS: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)
- Password Reset: [https://commerce.health.state.ny.us/public/fpf\\_qrg.pdf](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](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/](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>
- 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](mailto:school_immunizations@health.nyc.gov) or (347) 396-2400

# Educational Resources

- Schools Page: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)
- Schools Survey Questions and Answers Booklet:  
[https://www.health.ny.gov/prevention/immunization/schools/school\\_survey/docs/questions\\_and\\_answers.pdf](https://www.health.ny.gov/prevention/immunization/schools/school_survey/docs/questions_and_answers.pdf)
- 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](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](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\\_%20imm\\_worksheet\\_template.pdf](https://www.health.ny.gov/prevention/immunization/schools/docs/k_12_%20imm_worksheet_template.pdf)
- Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages:  
<https://www.immunize.org/catg.d/p5122.pdf>

# Contacts

- Online School Assessment Survey: [OSAS@health.ny.gov](mailto:OSAS@health.ny.gov)
- NYSIIS: [nysiis@health.ny.gov](mailto:nysiis@health.ny.gov)
- Bureau of Immunization: (518) 473-4437
- County Health Departments:  
[https://www.health.ny.gov/contact/contact\\_information/](https://www.health.ny.gov/contact/contact_information/)

# Regional Contacts

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