



**Department
of Health**

New York State School Immunization Requirements Review

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Bureau of School Immunizations**

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TOPICS FOR TODAY

- Immunization Requirements for School Attendance
- Tdap Rollout Completed
- Medical Exemption Updates
- Form Updates
- Law & Potential Regulatory Updates
- Exclusions
- School Immunization Survey Review
- Spotting Vaccine Fraud
- Immunization Record Audits
- School Immunization Website
- Contacts
- Q & A

2026-27 SCHOOL YEAR NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ ATTENDANCE DOCUMENT UPDATES



Department
of Health

IMMUNIZATION REQUIREMENTS 2026-27

2026-27 School Year New York State Immunization Requirements for School Entrance/Attendance Document: health.ny.gov/publications/2370.pdf

Translated into 17 languages:
[Spanish](#), [Arabic](#), [Bengali](#), [Burmese](#), [Chinese](#),
[French](#), [Haitian Creole](#), [Hindi](#), [Italian](#), [Japanese](#),
[Korean](#), [Nepali](#), [Polish](#), [Portuguese](#), [Russian](#),
[Urdu](#), [Yiddish](#) (PDF)



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-Recommended Child and Adolescent Immunization Schedule**. Doses received before the minimum age or intervals shown on the schedule 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 gradeless 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 (Child Caring Center, 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/DTaP) ²	4 doses	5 doses or 4 doses If the 4th dose was received at 4 years or older and the series was started at less than 1 year or older 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 adolescent booster (Tdap) ³		Not applicable		1 dose given at age 10 years or older
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses If the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	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 years through 15 years		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose given at age 10 years or older	Grade 12: 2 doses or 1 dose If the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		

1. 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. 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 (chickenpox) is acceptable proof of immunity to varicella.

2. Children who are not accepted for tetanus, diphtheria, pertussis, Haemophilus influenzae type b, and pneumococcal conjugate vaccine (PCV) are not accepted for tetanus, diphtheria, pertussis, Haemophilus influenzae type b, and pneumococcal conjugate vaccine (PCV).

3. Children who are not accepted for tetanus, diphtheria, pertussis, Haemophilus influenzae type b, and pneumococcal conjugate vaccine (PCV) are not accepted for tetanus, diphtheria, pertussis, Haemophilus influenzae type b, and pneumococcal conjugate vaccine (PCV).

4. Children who are not accepted for tetanus, diphtheria, pertussis, Haemophilus influenzae type b, and pneumococcal conjugate vaccine (PCV) are not accepted for tetanus, diphtheria, pertussis, Haemophilus influenzae type b, and pneumococcal conjugate vaccine (PCV).

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 pre-kindergarten. Two doses are required for grades kindergarten through 12.

c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.

d. Rubella: One dose is required for pre-kindergarten. One dose is required for grades kindergarten through 12.

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.

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.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 12: 10 years)

a. One dose of meningococcal conjugate vaccine 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.

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.

f. For further information, refer to the [Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age \(PDF\)](#) on the [CDC website](#).

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 [Catch-Up Guidance for Children 4 Months through 4 Years of Age](#). *Depending on vaccine brand, schedule may change.

For further information, contact:

New York State Department of Health
Division of Vaccine Excellence
Room 648, Corning Tower ESP
Albany, NY 12237
(518) 473-4437
OSAS@health.ny.gov

New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433
school_immunizations@health.nyc.gov

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

6/2026

- New DOH branding design
- Meant to be used with footnotes on the second page
- Minimum age 6th grade Tdap booster – 10 years (rollout over as of this school year)



NEW YORK STATE
Department of Health

TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS (TDAP)

GRADES 6 THROUGH 12

Vaccines	Pre-Kindergarten (Child Caring Center, 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 given at age 10 years or older	

York State Immunization Requirements for School Entrance/Attendance¹

properly immunized to attend school in New York State. The number of doses depends on the
the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in
Recommended Child and Adolescent Immunization Schedule. Doses received before the minimum age
Schedule are not valid and do not count toward the number of doses listed below. See footnotes for specific
Children who are enrolling in gradeless classes must meet the immunization requirements of the grades
parent.

requirements MUST be read with the footnotes of this schedule

Pre-Kindergarten (Child Caring Center, 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
4 doses	5 doses or 4 doses If the 4th dose was received at 4 years or older and the series was started at less than 1 year of age or 3 doses	2 doses	
Tdap/Td ²	4 doses or 3 doses If 7 years or older and the series was started at 1 year or older	1 dose given at age 10 years or older	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses If the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses	
Hepatitis B vaccine ⁶	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 years through 15 years	
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	
Meningococcal conjugate vaccine (MenACWY) ⁸	Not applicable		Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable	
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable	

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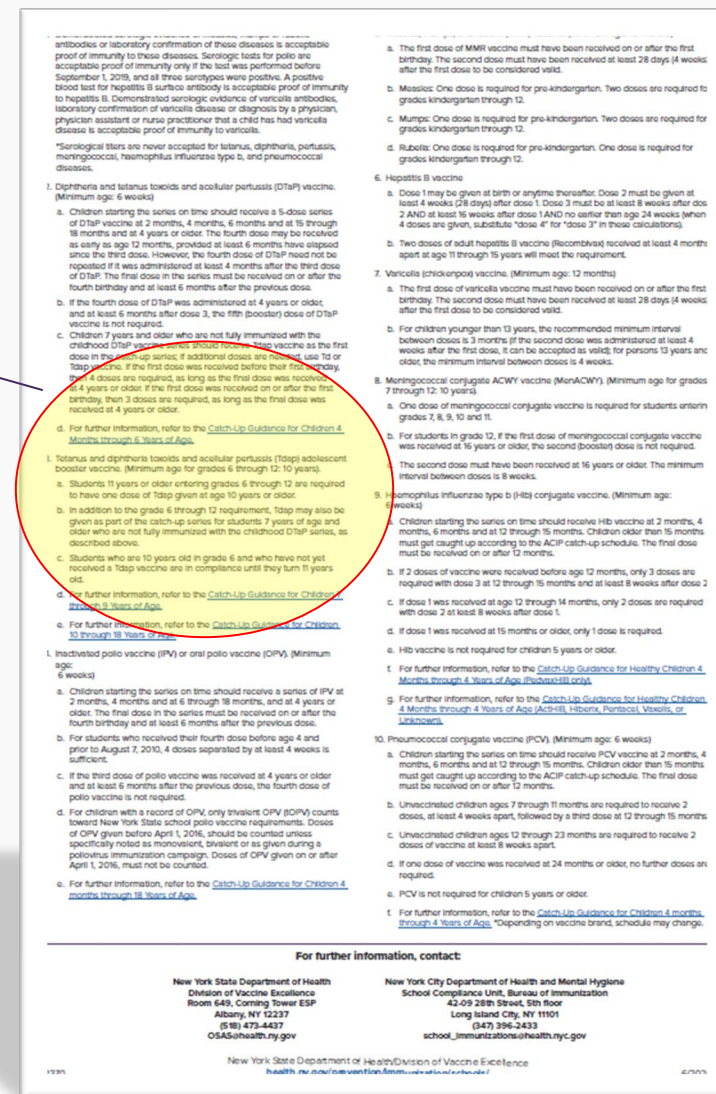
MINIMUM AGE FOR BOOSTER DOSE: 10 YEARS OLD

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 12: 10 years).

- a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap given at age 10 years or older.
- 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.
- 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.



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MEDICAL EXEMPTION UPDATES



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IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE/ MEDICAL EXEMPTION STATEMENT FOR CHILDREN 0-18 YEARS OF AGE- (DOH-5077)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of School Immunizations/Division of Vaccine Excellence

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

Student Information	Educational Institution Information
Student Name:	School/Facility Name:
Date of Birth:	Address:
Address:	

Instructions for the Requesting Physician

This form must be completed and signed by a physician licensed in New York State and be in accordance with the NYS Public Health Law Section 2164. Medical exemptions are granted for no more than one year and requests must be resubmitted annually. Students receiving homebound instruction through a school (including remote instruction) must comply with NYS Public Health Law Section 2164. Note this does not apply to students who are homeschooled by their parent/guardian, even if being provided IEP/IESP services at home through a school. The Advisory Committee on Immunization Practices (ACIP) Guide to Contraindications and Precautions to Commonly Used Vaccines can be found at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.

The following are **NOT** valid contraindications to ANY routine vaccine:

- Egg allergy, even if anaphylactic, is not a valid contraindication to MMR, influenza, or any other vaccine.
- Autism and/or developmental delay in the child or family member.
- Controlled seizures (with or without medication).
- Mild, acute illness (e.g., low-grade fever, cold, upper respiratory illness, diarrhea, otitis media).
- Contact with immunosuppressed persons.
- Pregnancy in the household or contact with a pregnant person.
- Family history of any vaccine reaction(s) or history of allergies (in a relative).
- Family history of seizures (in a relative).
- Metabolic disorders and MTHFR gene mutation.
- Parental requests to delay or withhold vaccinations.

Medical Exemption Request

As the student's physician, I request a medical exemption for (student name) _____ date of birth _____ for the following required immunization(s). I certify under penalty of violation of NYS Public Health Law Section 2164 that the particular immunization(s) will be detrimental to the child's health:

☐ DTap ☐ Tdap ☐ Td ☐ Polio ☐ Hepatitis B ☐ MMR ☐ Varicella ☐ MenACWY For children up to the 5th birthday: ☐ PCV ☐ Hib

Provide the medical basis for the exemption request, including diagnosis, relevant clinical findings, and treatment if applicable.	
Diagnosis/Event/Treatment:	
Expected Duration of Contraindication:	Date of Diagnosis/Event/Treatment:
Medical Explanation for Contraindication:	

Physician Name:	NYS Physician License Number: NY
Physician Signature:	Degree: ☐ MD ☐ DO Date:
Address:	STAMP
Phone Number:	

FOR INSTITUTION USE ONLY	
Medical Exemption Status: ☐ Accepted ☐ Not Accepted	Date: _____ (Must be renewed annually)
School Contact Name:	Signature:
Title:	
Phone Number:	Fax Number:

The following are **NOT** valid contraindications to ANY routine vaccine:

- Egg allergy, even if anaphylactic, is not a valid contraindication to MMR, influenza, or any other vaccine.
- Autism and/or developmental delay in the child or family member.
- Controlled seizures (with or without medication).
- Mild, acute illness (e.g., low-grade fever, cold, upper respiratory illness, diarrhea, otitis media).
- Contact with immunosuppressed persons.
- Pregnancy in the household or contact with a pregnant person.
- Family history of any vaccine reaction(s) or history of allergies (in a relative).
- Family history of seizures (in a relative).
- Metabolic disorders and MTHFR gene mutation.
- Parental requests to delay or withhold vaccinations.

FOR INSTITUTION USE ONLY	
Medical Exemption Status: ☐ Accepted ☐ Not Accepted	Date: _____ (Must be renewed annually)
School Contact Name:	Signature:
Title:	
Phone Number:	Fax Number:

DOH-5077 (07/26)

MEDICAL EXEMPTIONS

Medical exemptions must be completed by New York State licensed physician on the New York State Department of Health form ([DOH-5077](#))

- [Medical Exemption Review Procedures for Schools Outside New York City \(PDF\)](#)
- [Guidance on Immunization-Related Medical Exemptions for School-Aged Children \(PDF\)](#)
- If a New York State licensed physician certifies that an immunization will be 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)
- Schools in New York State are unable to accept any medical exemptions that are not written by physicians (MD/DO) licensed to practice medicine in NYS
- Schools are obligated to follow PHL §2164, which is outlined by New York Codes, Rules, and Regulations Subpart 66-1
- Federal medical exemptions or doctor's notes do not meet New York State requirements

FORM UPDATES

- Added common misconceptions of medical contraindications
- Additional required information for institution accepting or denying exemption including school contact/title
- Notes that it must be renewed annually
- Disclaimer regarding violation of PHL §2164

LAW & POTENTIAL REGULATORY UPDATES

Public Health Law Section 2164

- Added the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Physicians, the Advisory Committee on Immunization Practices, and/or other similar nationally or internationally recognized scientific organizations.

New York Codes, Rules & Regulations, Title 10, SubPart 66-1

- Pending approval
- No major changes, mostly clarifying language
- Schools **MUST** refer to ACIP until regulatory changes are approved.

IN PROCESS & SUSCEPTIBLE LIST



Department
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IMPORTANT

**NO STUDENT IS PERMITTED TO ATTEND SCHOOL FOR
MORE THAN 14 CALENDAR DAYS* WITHOUT BEING IN-
PROCESS OR UP TO DATE WITH NEW YORK STATE
IMMUNIZATION REQUIREMENTS**

* 30 CALENDAR DAYS FOR STUDENTS TRANSFERRING FROM OUT-OF-STATE OR ANOTHER COUNTRY

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 Advisory Committee on Immunization Practices (ACIP) Recommended Catch-up Immunization Schedule for Child and Adolescents
- Appropriate intervals must follow the Advisory Committee on Immunization Practices (ACIP) Recommended Catch-up Immunization Schedule for Child and Adolescents
- Schools may not refuse admission to a child who meets the definition of in-process to complete the required immunizations

IN PROCESS & LIVE VACCINE ADMINISTRATION

(j) In process means that:

(1) a child has received at least the first dose in each immunization series required by section 2164 of the Public Health Law (except in the case of live vaccines in which a child should wait 28 days after one live vaccine administration before receiving another live vaccine, if the vaccines were not given on the same day) and has age appropriate appointments to complete the immunization series according to the Advisory Committee on Immunization Practices Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; or

- This is a loophole that some families use in order to "delay" or draw out administration of MMR/varicella series.
- Although both vaccines could be given on the same day, families cannot be forced to do this and this is technically allowable to "extend" the in-process status.

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) RECOMMENDED CATCH-UP IMMUNIZATION SCHEDULE

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months A fifth dose is not necessary if the fourth dose was administered at age 4 years or older and at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PPR-T (Act-Hib, Pentacel, Hibrix), Vaxelis or unknown 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1st birthday and second dose was administered at younger than 15 months; OR if both doses were PedvaxHib and were administered before the 1st birthday	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older 4 weeks if first dose was administered before the 1st birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after	No further doses needed for healthy children if previous dose was administered at age 24 months or older 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	8 weeks (as final dose) This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years 6 months (as final dose) if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	6 months if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years OR if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older			
Dengue	9 years	6 months	6 months		

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The Advisory Committee on Immunization Practices (ACIP) Catch-up Schedule

Table 2 contains the schedule with required minimum ages and intervals between doses

IMMUNIZATION JOB AIDS

- [PCV: Children 4 months through 4 years \(PDF\)](#)
- [Hib \(ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown\): Children 4 months through 4 years \(PDF\)](#)
- [Hib \(PedvaxHIB only\): Children 4 months through 4 years \(PDF\)](#)
- [IPV: Children 4 months through 17 years \(PDF\)](#)
- [DTaP: Children 4 months through 6 years \(PDF\)](#)
- [Tdap: Children 7 through 9 years \(PDF\)](#)
- [Tdap: Children 10 through 18 years \(PDF\)](#)

Catch-Up Guidance for Children 7 through 9 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td¹

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years ^{1,2}	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
			It has not been at least 4 weeks since Dose 1	Dose 1 was not Tdap	Give Dose 2 (Tdap) today	
		Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap ¹	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
			It has not been at least 4 weeks since Dose 2	Dose 2 was not Tdap	Give Dose 3 (Tdap) today	



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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

ACCEPTABLE TIMELINE FOR SEROLOGICAL TESTING

- If a student has not provided any indication of serological testing (or titers) being performed within the first 14-days of school or within 14 days of a hep B, MMR or varicella dose being due, they must be excluded until they can provide proof that they have had blood drawn and are waiting on results
- The student may return to school for up to 14 calendar days while results are pending
- If the lab report is returned showing positive results, this satisfies the requirement as proof of immunity to the disease, and the student is now compliant. Serological testing does not need to be repeated
- If the lab report shows equivocal or negative results, the student has 30 calendar days to receive the vaccine. If the student does not receive the vaccine during this time, they must be excluded
- This process can only be utilized once. If the student wishes to repeat serological testing, they must be excluded and can only return when they can provide proof of immunity through a positive lab report or proof of vaccination

SUSCEPTIBLE STUDENTS

- Susceptible students are children who may require exclusion in the event of a disease outbreak
- It is required that schools always have a list of all susceptible students including:
 - All students with medical exemptions (pending or approved)
 - All students who are considered to be in-process
 - All students who are protected under the McKinney-Vento Act that are not up-to-date with one or more immunizations
 - All students who are over 18 and missing one or more immunization
- Non-compliant excluded students should be kept on a separate exclusion list

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>)



EXCEPTIONS & EXCLUSIONS



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GRACE PERIOD

Four 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, with **three exceptions**:

- 1. The 6th grade Tdap booster dose must be received on or after the 10th birthday
- 2. The first dose of the required meningococcal vaccine must be received on or after the 10th birthday
- 3. Two different live virus vaccines must be administered at least 28 days apart (if not administered on the same day), otherwise the second dose must be repeated

Live Vaccines	
Required	Not Required
Measles	FluMist Influenza
Mumps	
Rubella	
Varicella	

THE MCKINNEY- VENTO HOMELESS ASSISTANCE ACT

The McKinney-Vento Homeless Assistance Act is 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: nysed.gov/essa/mckinney-vento-homeless-education

EXCLUSION

Students who are out of compliance with PHL §2164 at any time throughout the school year must be excluded

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

31
Student is
non-
compliant
and must
be
Excluded



Department
of Health

PUBLIC HEALTH LAW SECTION 2164(8A/ 8B)



Department
of Health

8-a. Whenever a child has been refused admission to, or continued attendance at, a school as provided for in subdivision seven of this section because there exists no certificate provided for in subdivision five of this section or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib), meningococcal disease, and pneumococcal disease, the principal, teacher, owner or person in charge of the school shall:

- a. forward a report of such exclusion and the name and address of such child to the local health authority and to the person in parental relation to the child together with a notification of the responsibility of such person under subdivision two of this section and a form of consent as prescribed by regulation of the commissioner, and
- b. provide, with the cooperation of the appropriate local health authority, for a time and place at which an immunizing agent or agents shall be administered, as required by subdivision two of this section, to a child for whom a consent has been obtained. Upon failure of a local health authority to cooperate in arranging for a time and place at which an immunizing agent or agents shall be administered as required by subdivision two of this section, the commissioner shall arrange for such administration and may recover the cost thereof from the amount of state aid to which the local health authority would otherwise be entitled.

NOTIFICATION OF EXCLUSION

- Schools are to notify parent or guardian of exclusion and their responsibility to have the student immunized
- Per PHL §2164 - Schools are to notify local health department of name and address of student and identify the immunizations the student needs
- Per PHL §2164 - Local health department must cooperate with school authorities to provide a time and place where immunizations may be administered

Contact StudentSupportServices@nysed.gov for questions regarding exclusions

VACCINATING PER PHL §2164

- Vaccinate child with VFC/VFA as applicable
- Refer child to local vaccine clinic such as one being put on by a local hospital system
- Refer child to Federally Qualified Health Center
- Coordinate vaccination with help of a neighboring county

ANNUAL SCHOOL IMMUNIZATION SURVEY REVIEW



Department
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IMMUNIZATION SURVEY TYPES

Public Health Laws §2164 and §2165 and NYCRR Title 10, Subpart 66-2 mandates each Day Care, Pre-K through 12 school, and Post-secondary institution complete an annual survey to summarize their compliance with New York State vaccine requirements.

Survey breakdown:

- **Pre-K through 12:** Pre-K programs housed within and administered by a school, public schools, private schools, charter schools, BOCES programs, and OCFS/government run schools that have Kindergarten through twelfth grade
- **Post-secondary:** Colleges, universities, and other institutions for higher education authorized to confer degrees
- **Day Care:** Day care centers, standalone Pre-K programs, head start programs, and nursery schools

All survey responses are self-reported except for New York City (NYC) Public and Charter schools, which are provided to our team by the NYC Department of Health and Mental Hygiene (NYCDOHMH).

IMMUNIZATION SURVEY SCHEDULE

As of the 2026-2027 school year, the immunization survey schedule is as follows:

Pre-K through 12:

- Open Date: October 5, 2026
- Due Date: November 13, 2026

Post-secondary:

- Open Date: January 25, 2027
- Due Date: March 5, 2027

Day Care:

- Open Date: April 19, 2027
- Due Date: May 28, 2027



NYS DOH SCHOOL IMMUNIZATION SURVEY ACCESS

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



User ID

Password

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

LOGIN

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

- The survey is accessed through the Health Commerce System (HCS) via the Survey Management and Response Tool (SMART).
- HCS is a secure, web-based portal operated by the NYS DOH that serves as a central hub for mandatory health reporting, emergency, administrative, and clinical applications.
- Each individual organization/school must have an HCS account and should have the appropriate individual roles assigned.
- HCS (account creation, affiliation, and maintenance), survey information, and survey instructions can be found on our [website](#).

SURVEY: HOW CAN YOU HELP?

We truly appreciate all support we receive at the local level and hope to continue to foster teamwork and collaboration. Efforts that could positively impact our work overall include the following actionable items:

- Review and understand the immunization and survey requirements, survey types, and be aware of survey deadlines.
- Provide general education and resources on vaccines and the specific requirements for schools and day cares whenever possible.
- Encourage required organizations to gain and maintain HCS access.
- Complete all county reported surveys during the survey period.
- Be aware of survey non-responders in your area and prioritize for educational opportunities.
- Notify our team of any schools or organizations that may have closed or opened.

NYS DOH SCHOOL IMMUNIZATION SURVEY SUPPORT

If account creation and setup is needed or additional assistance is required to complete the survey, please reach out to our team for help.

Email: OSAS@health.ny.gov

Phone: 518-474-1944

VACCINE FRAUD: HOW TO HELP SPOT IT AND STOP IT



Department
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VACCINE FRAUD INVESTIGATIONS

The school has the right and responsibility to deny any records or request additional supporting documents if the school believes the records are not legitimate

Report any suspected vaccine fraud to
stopvaxfraud@health.ny.gov

- Vaccine fraud has become more prevalent since the removal of religious exemptions
- When new cases of fraud come to light:
 - The Department of Health will alert all affected 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
- If the school becomes aware of a student with a fraudulent vaccination record, the school is legally required to exclude the student until valid proof of immunization is provided

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 health record
- Official record from a foreign nation**
- School health record transferred directly from

*Immunization records include vaccination history, medical exemptions, and laboratory results.
**An official record from a foreign nation may be accepted as a certificate of immunization by a private clinic in another country, cannot be accepted unless it was reviewed and approved by the New York State Department of Health.

Red flags that warrant further investigation

- Vaccinations administered by a provider with a known criminal record
- Students who appear to have come into compliance very quickly
- Required vaccines from a practice that typically provides homeopathic 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/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	02/10/2015		
Hep B	05/30/2014	07/11/2014			
Varicella	05/27/2015	09/13/2019			
Tdap					
MenACWY					



Department
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- Be aware of ongoing issues: health.ny.gov/prevention/immunization/schools/fraud.htm
- Spotting Fraudulent Record Document
 - Highlights red flags that may require reporting for further investigation
 - Provides an example record for these red flags

IMMUNIZATION RECORD AUDITS



Department
of Health

AUDITS

Types of audits:

- **Remote** – Done electronically using encrypted documents
- **On-site** – A scheduled audit on the school's premises conducted by Department of Health staff
- **Unannounced On-site** – These visits are conducted in the case of a school being uncooperative or unresponsive to our audit request

Documents checked on an audit:

- Susceptible list
- School roster
- Randomly selected student records
- Immunization Policy (if the school has one)

APPLICABLE LAWS AND REGS

In accordance with Education Law §914, in compliance with PHL §2164:

The New York State Department of Health “may conduct special audits of school immunization records at any time to ensure that students are adequately protected against vaccine-preventable diseases. Each school must provide the New York State Commissioner of Health or their designee with any redacted immunization records and/or reports required for the purpose of such audit in compliance with applicable State and federal confidentiality laws.”

- Local health departments are notified and often invited on both scheduled and unannounced audits
- Unannounced audits are not conducted randomly and are typically in response to previous audit requests being unanswered
- New York State and local health department officials will always have identification upon arrival at your institution for all educational visits and audits

SELECTION CRITERIA

There are several possible reasons for a school to be selected for an immunization record audit:

- **Random selection** – Schools are randomly selected to validate the data reported on the annual school immunization survey.
- **Outreach and education** – Schools are selected based on their survey data if they have low coverage rates or an unexpectedly high proportion of medical exemptions. Outreach, education, and immunization record audit represent an opportunity to collaborate with the school to address any misunderstandings related to the vaccination requirements.
- **Response to concerns** – We occasionally receive reports of concerns about schools not enforcing PHL § 2164. Outreach, education and immunization record audit represent an opportunity to ensure that the school understands the importance of enforcing these policies to protect vulnerable populations in their school and in their wider community.
- **Non-Responders** – Schools that have not responded to the previous year's school immunization survey are more likely than responders to be selected for an immunization record audit.



RESOURCES



Department
of Health

NYS DOH DAY CARES, SCHOOLS & POST SECONDARY INSTITUTIONS WEBSITE

Website Contents:

- NYS School Immunization Requirements
- Annual Immunization Surveys
- Immunization Survey Access
- Medical Exemptions
- Additional Resources
- Contact information:
OSAS@health.ny.gov

You are Here: [Home Page](#) > [Immunization](#) > [Day Cares, Schools and Post-Secondary Institutions](#)

Day Cares, Schools and Post-Secondary Institutions

Important NYSDOH News

- [NYSDOH & NYCDOHMH Advisory on Immunization Practices](#) (PDF)
- [Important NYSDOH & NYSED statement regarding medical exemptions](#) (PDF)

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- [NYS School Immunization Requirements](#)
- [Annual Immunization Surveys](#)
- [Immunization Survey Access](#)
- [Medical Exemptions](#)
- [Additional Resources](#)
- [Contact Information](#)

NYS School Immunization Requirements

Day Care and PreK-12 Requirements

- [Immunization Requirements for School Entrance/Attendance for the 2026-27 school year](#) (PDF)
 - [Spanish, Arabic, Bengali, Burmese, Chinese, French, Haitian Creole, Hindi, Italian, Japanese, Korean, Nepali, Polish, Portuguese, Russian, Urdu, Yiddish](#) (PDF)
- [School Immunization Requirements Handbook \(replaces the School Survey Q&A Booklet\)](#) - Requires HCS log-in to access
- [School Administrator Letter re: School Immunization Requirements \(December 2022\)](#) (PDF)
- [Meningococcal Vaccine School Requirement Flyer for Grades 7-12](#) (PDF)
 - [Spanish](#)

EDUCATIONAL RESOURCES

Schools Page: health.ny.gov/prevention/immunization/schools

ACIP Schedule: [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.](https://www.cdc.gov/vaccines/imz/downloads/pdf/2025-2026-schedule-for-immunization.pdf)

Public Health Law Section 2164 (PHL §2164):
<https://www.nysenate.gov/legislation/laws/PBH/2164>

SubPart 66-1 School Immunization Requirements:
regs.health.ny.gov/volume-1a-title-10/content/subpart-66-1-school-immunization-requirements

Quick Chart of Vaccine-Preventable Disease Terms in Multiple:
immunize.org/catg.d/p5122.pdf

Vaccination Record Translation:
forms.web.health.state.mn.us/form/vaxref

available languages: українська (Ukrainian), Русский (Russian), Español (Spanish), Français (French), Português (Portuguese)



Department
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REGIONAL CONTACTS

Department of Health regional offices around New York State:

Capital District Regional Office: 518-473-4437

Central NY Regional Office: 315-477-8164

Western Regional Office:

Buffalo Office: 716-847-4501

Rochester Office: 585-423-8097

Metropolitan Area Regional Office:

New Rochelle Office: 914-654-7149

Middletown Office: 845-794-2045

Central Islip Office: 631-851-3096



Department
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CONTACTS

Online School Assessment Survey: OSAS@health.ny.gov

New York State Immunization Information System (NYSIIS):
nysiis@health.ny.gov

NYS Division of Vaccine Excellence: (518) 473-4437

County Health Departments:
health.ny.gov/contact/contact_information/

New York City Department of Health and Mental Hygiene: School
Unit Hotline: (347) 396-2433

New York City Immunization Compliance:
School_Immunizations@health.nyc.gov

Citywide Immunization Registry: cir@health.nyc.gov



Department
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PARTNERING AGENCIES



Department
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New York State Education Department (NYSED): nysed.gov/

Know Your Rights - Free Public Education: ag.ny.gov/sites/default/files/letters/kyr-ed.pdf

New York State Center for School Health: schoolhealthny.com/

McKinney-Vento Homeless Education: nysed.gov/essa/mckinney-vento-homeless-education

New York State Technical and Education Assistance Center for Homeless Students: nysteachs.org

- Helpline for questions about school-related issues 800-388-2014

State Homeless Program Coordinator:

- conappta@nysed.gov (use the subject line: homeless)
- 518-473-0295

Office of Temporary and Disability Assistance (OTDA): otda.ny.gov/

Refugee Services: otda.ny.gov/programs/bria/

- bria.contact@otda.ny.gov
- 518-402-3096



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