



# SEPTEMBER 2008

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## MEDICAL REQUIREMENTS FOR NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL, DAY CARE CENTERS AND SCHOOLS)

All students entering a New York City School  
for the first time must have

### A COMPLETE PHYSICAL EXAMINATION

This comprehensive medical examination must include:

- All Required Immunizations

#### IT SHOULD ALSO INCLUDE THE FOLLOWING COMPONENTS:

Weight  
Height  
Body Mass Index (BMI)  
Blood Pressure  
Medical History  
Nutritional Evaluation

Vision Screening  
Hearing Screening  
Dental Screening  
Developmental Assessment  
For Day Care Only:  
Anemia Screening  
(Hematocrit or Hemoglobin)

#### Lead Poisoning Assessment and Testing

- All children under 6 years must be assessed annually for risk of lead exposure.
- Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years at risk of exposure OR with no lead test previously documented.
- For more information, call the Lead Poisoning Prevention Program @ 311.

Additionally, Pre-Kindergarten and Kindergarten students must have an annual physical until they have reached their sixth birthday.

## TUBERCULOSIS EXAMINATION FOR NEW STUDENTS ENTERING A SECONDARY SCHOOL

- All new students entering a NYC secondary school (intermediate, junior, or middle schools, all types of high schools) for the first time, must have a Mantoux Tuberculin Skin Test (also known as PPD) with a documented reading date between 48 –72 hours of placement of the test. Results must be recorded in millimeters of induration. An approved blood-based tuberculosis diagnostic test may also be used.
- A documented Mantoux Tuberculin Skin Test or an approved blood-based tuberculosis test result within one year prior to admission to school, or within 14 school days after admission to school, is acceptable.
- Students with a history of BCG vaccination must still have a test for tuberculosis infection.
- Students determined by their medical provider to have a positive tuberculosis test result are required to have a medical evaluation and a chest X-ray within 14 school days and attend school in the interim.
- Students with a documented history of a positive tuberculosis test result and X-ray report should be allowed in school and be referred to the school nurse or district supervising nurse for evaluation and follow-up.

**Please Note:** If the tuberculosis test is not given before or on the same day as the MMR then the student must wait six (6) weeks before receiving the tuberculosis test. However, the student may be allowed to attend school in the interim.

- If latent tuberculosis infection (LBTI) is suspected, treatment is strongly recommended. (See Guidelines for Testing and Treatment of Latent Tuberculosis Infection, April 2006, <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-4.pdf>)

- **STUDENTS WILL BE EXCLUDED FROM SCHOOL IF:**

They do not have a documented tuberculosis test result within 14 school days of admission to school.

or

They are new entrants with a positive tuberculosis test result and do not have a documented chest X-ray and evaluation within 14 school days.

*For more information, call the Bureau of Tuberculosis Control at (212) 442-9968.*

#### SCHOOL HEALTH PROGRAM REGIONAL OFFICES

##### Telephone #

Bureau of School Health Region I	– 212-280-9230/1	– For Department of Education Instructional Regions 9 and 10
Bureau of School Health Region II	– 718-579-6853/54	– For Department of Education Instructional Regions 1 and 2
Bureau of School Health Region III	– 718-336-2553x112	– For Department of Education Instructional Regions 5 and 6
Bureau of School Health Region IV	– 718-495-0507	– For Department of Education Instructional Regions 7 and 8
Bureau of School Health Region V	– 718-575-2390/1	– For Department of Education Instructional Regions 3 and 4



#### THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg

Mayor

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Commissioner

Web Site: [nyc.gov/health](http://nyc.gov/health)

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## IMMUNIZATION REQUIREMENTS FOR ALL STUDENTS

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The following immunization requirements are mandated by law.  
Children must be excluded from school if they do not meet these requirements.

For all students between the ages of two months and eighteen years.

### FULL COMPLIANCE

A child's immunization history must include all of the following vaccines to be considered fully immunized. Their immunization record should be evaluated according to the grade they are attending this school year.

<u>DAY CARE/PRE-KINDERGARTEN</u>	<u>NO. OF DOSES</u>
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) .....	4
<i>Fourth dose should be at least 6 months after the third.</i>	
OPV (oral poliovirus) or IPV (inactivated poliovirus) .....	3
MMR (measles-mumps-rubella) .....	1
<i>On or after the 1st birthday.</i>	
Hib ( <i>Haemophilus influenzae</i> type b) .....	1, 2, or 3
<i>One dose at or after age 15 months.</i>	
<i>If younger than 15 months, 3 doses required, as age appropriate.</i>	
Hepatitis B .....	3
Varicella .....	1
<i>On or after 1st birthday.</i>	
Pneumococcal conjugate (PCV) .....	1, 2, or 3
<i>For all children born on or after January 1, 2008, as age appropriate.</i>	
<b><u>KINDERGARTEN</u></b>	
DTaP or DTP .....	4
<i>Fourth dose should be at least 6 months after the third.</i>	
OPV or IPV .....	3
MMR .....	2
<i>One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the first dose and at or after age 15 months.</i>	
Hepatitis B .....	3
Varicella .....	1
<i>On or after the 1st birthday.</i>	

<u>GRADES 1 – 12</u>	<u>NO. OF DOSES</u>
DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis) .....	3
<i>Vaccine type as appropriate for age.</i>	
Tdap (effective September 1, 2007) .....	1
<i>For all children born on or after January 1, 1994 and entering 6th or 7th grade.</i>	
OPV or IPV .....	3
MMR .....	2
<i>One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the first dose and at or after age 15 months.</i>	
Hepatitis B .....	2 or 3
<i>All students in all grades.</i>	
<b>3 doses of pediatric hepatitis B vaccine OR for ages 11-15 only, 2 doses, at least four months apart, of the Merck Recombivax* HB adult vaccine. Documentation must clearly specify vaccine type and dose given.</b>	
Varicella (Grades 1 – 9) .....	1*
<i>For all children through and including 9th grade, born on or after January 1, 1994, one dose on or after the 1st birthday (or 2 doses separated by a minimum of 28 days for those immunized at age 13 or older).</i>	
* The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.	
* Although only 1 dose of vaccine is required, the recommendation is for all children to receive 2 doses of varicella-containing vaccine.	

### PROVISIONAL REQUIREMENTS

New students may enter school provisionally with documentation of at least this initial series of immunizations within the previous 2 months. Once admitted provisionally, completion must be as follows, or exclusion from school is mandated: (1) no more than 2 months between the first and second dose, and no more than 6 months between the second and third dose of diphtheria, polio, and hepatitis B and (2) no more than 2 months between the first and second dose of a measles vaccine, preferably MMR.

<u>DAY CARE/PRE-KINDERGARTEN</u>	<u>NO. OF DOSES</u>
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) .....	1
OPV (oral poliovirus) or IPV (inactivated poliovirus) .....	1
MMR (measles-mumps-rubella) .....	1
<i>On or after 1st birthday.</i>	
Hib ( <i>Haemophilus influenzae</i> type b) .....	1
Hepatitis B .....	1
Varicella .....	1
<i>On or after 1st birthday.</i>	
Pneumococcal conjugate (PCV) .....	1
<i>For all children born on or after January 1, 2008.</i>	

<u>KINDERGARTEN/GRADES 1 – 12</u>	<u>NO. OF DOSES</u>
DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis) .....	1
<i>Vaccine type as appropriate for age.</i>	
Tdap (effective September 1, 2007) .....	1
<i>For all children born on or after January 1, 1994 and entering 6th or 7th grade.</i>	
OPV or IPV .....	1
MMR .....	1
<i>On or after 1st birthday.</i>	
Hepatitis B .....	1
Varicella (Grades K – 9) .....	1
<i>For all children through and including 9th grade, born on or after January 1, 1994, one dose on or after the 1st birthday.</i>	

Students must follow a schedule for continuing to receive immunizations according to the above provisional periods. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school until they comply with the requirements.

For more information on immunizations or to locate a provider to vaccinate your child, call 311.