SEPTEMBER 2013

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 AND ALL REQUIRED IMMUNIZATIONS

This comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

- ✓ 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.*

Students continuing on to Kindergarten from Pre-kindergarten must submit a new CHILD & ADOLESCENT HEALTH EXAMINATION FORM (CH205)

Office of School Health Citywide Contact Number
For all Districts 1-32
(347) 396-4597
(347) 396-4503

Health
nyc.gov/health

Department of Health and Mental Hygiene
Thomas Farley MD, MPH
Commissioner

Department of Education
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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.

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 enrolled in this school year.

FULL COMPLIANCE

DAYCARE/PRE-KINDERGARTEN — **NO. OF DOSES**

DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) 4
Fourth dose should be at least 6 months after the third dose.

IPV (inactivated poliovirus) or OPV (oral poliovirus) 3

MMR (measles-mumps-rubella) 1
On or after the 1st birthday.

Hib (Haemophilus influenzae type b) ..... 1, 2, or 3
One dose at or after age 15 months.
If younger than 15 months, as age appropriate.

Hepatitis B 3

Varicella 1
On or after the 1st birthday.

Pneumococcal conjugate (PCV) ..... 1, 2, or 3
For all children born on or after January 1, 2008, as age appropriate.

KINDERGARTEN

DTaP or DTP..... 4
Fourth dose should be at least 6 months after the third dose.

IPV or OPV 3

MMR..... 2
One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days after the first dose.

Hepatitis B.....3
Varicella 1*
On or after the 1st birthday.

GRADES1–12 — **NO. OF DOSES**

DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis) 3
Vaccine type as appropriate for age.

Tdap.....1
For all children in 6th through 12th grades, born on or after January 1, 1994.

IPV or OPV 3

MMR 2
One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as MMR) administered at least 28 days or more after the first dose.

Hepatitis B 3
(Students 11-15 may receive 2 doses of Merck Recombivax HB® adult vaccine with doses separated by at least 4 months to satisfy this requirement. Documentation must clearly specify the product and strength of the dose.)

Varicella.....1*
For all children born on or after January 1, 1994, one dose on or after the first birthday.

* Although only 1 dose of varicella vaccine is required, all children are recommended to receive 2 doses of a varicella-containing vaccine.

\# The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.

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: (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-containing vaccine, preferably MMR. 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.

DAY CARE/PRE-KINDERGARTEN — **NO. OF DOSES**

DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) 1

IPV (inactivated poliovirus) or OPV (oral poliovirus) 1

MMR (measles-mumps-rubella) 1
On or after the 1st birthday.

Hib (Haemophilus influenzae type b) 1

Hepatitis B 1

Varicella 1
On or after the 1st birthday.

Pneumococcal conjugate (PCV) 1
For all children born on or after January 1, 2008

KINDERGARTEN/GRADES 1–12 — **NO. OF DOSES**

DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis) 1
Vaccine type as appropriate for age.

Tdap..... 1
For all children in 6th through 12th grades, born on or after January 1, 1994.

IPV or OPV 1

MMR..... 1
On or after the 1st birthday.

Hepatitis B..... 1

Varicella..... 1
For all children born on or after January 1, 1994, one dose on or after the first birthday.

For more information on immunizations or to locate a provider to vaccinate your child, call **311**.
For information about the current Recommended Immunization Schedules see
http://www.cdc.gov/vaccines/schedules/index.html