**SCHOOL YEAR 2020 – 2021**

**NEW YORK STATE IMMUNIZATION REQUIREMENTS**

**FOR SCHOOL ENTRANCE/ATTENDANCE**

**NOTES: Children in a Prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunizations Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 – 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VACCINES** | **Prekindergarten**  **(Day Care, Head Start, Nursery or Pre-k)** | **Kindergarten & Grades 1, 2, 3, 4 and 5** | **Grades 6, 7, 8, 9, 10 and 11** | **Grade**  **12** |
| **Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine**  **(DTaP/DTP/Tdap/Td)** | **4 doses** | **5 doses *OR***  **4 doses**  (if 4th dose received @age 4 or older) ***OR***  **3 doses**  (if 7 years or older & series was started  at 1 year or older) | **3 doses** | |
| **Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster**  **(Tdap)** | **NOT APPLICABLE** | | **1 DOSE** | |
| **Polio vaccine**  **(IPV/OPV)** | **3 doses** | **4 doses *OR***  **3 doses (if 3rd dose received at 4 years or older)** | | |
| **Measles, Mumps and Rubella vaccine**  **(MMR)** | **1 dose** | **2 doses** | | |
| **Hepatitis B vaccine** | **3 doses** | **3 doses *OR***  **2 doses (IF Adult Hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between ages 11 – 15)** | | |
| **Varicella**  **(Chickenpox) vaccine** | **1 dose** | **2 doses** | | |
| **Meningococcal conjugate vaccine (MenACWY)** | **NOT APPLICABLE** | | **1 dose** | **2 doses *OR***  **1 dose**  (if dose given at 16 years or older) |
| **Haemophilus Influenzae type b conjugate vaccine**  **(Hib)** | **1 to 4 doses** | **NOT APPLICABLE** | | |
| **Pneumococcal Conjugate vaccine (PCV)** | **1 to 4 doses** | **NOT APPLICABLE** | | |