



Public Schools | Health Department

Office of School Health

Cheryl Lawrence, MD, FAAP
Medical Director

August 2025

Office of School Health
30-30 47th Ave.
Long Island City, NY 11101

Dear Parent or Guardian,

New York City has updated the school immunization requirements for the 2025-2026 school year. A list of the vaccine requirements for the 2025-2026 school year is included with this letter. Vaccines protect children from getting and spreading diseases and are required for children to attend school. Before the school year begins, you must submit proof of immunization or blood test results that show immunity for your child if they are attending child care or school.

All students in child care to grade 12 must meet the requirements for the diphtheria, tetanus and pertussis (DTaP); poliovirus (IPV or OPV but OPV does not count if after April 1, 2016); measles, mumps and rubella (MMR); varicella; and hepatitis B vaccines.

Children younger than age 5 who are enrolled in child care and pre-kindergarten must also meet the requirements for the influenza (flu) vaccine (by December 31, 2025, but preferably when it becomes available in early fall) and the *Haemophilus influenza* type b (Hib) and pneumococcal conjugate (PCV) vaccines.

Children in grades 6 to 12 must also meet the requirements for the tetanus, diphtheria and pertussis (Tdap) booster and meningococcal conjugate (MenACWY) vaccine.

Blood tests that show immunity to MMR, varicella or hepatitis B also meet the requirements (immunity to polio is only acceptable if the lab shows immunity to all serotypes 1,2,3 and was done before September 2019).

Take time this summer to review your child's immunization history with their health care provider. Your child's provider can tell you whether additional doses of one or more vaccines are required for your child to attend child care or school.

Note: If your child received vaccine doses before the minimum age (too early), those doses do not count toward the number of doses needed.

If you have questions about these 2025-2026 vaccine requirements, contact your child care center or school's administrative office.

Sincerely,

Cheryl Lawrence, MD, FAAP
Medical Director
Office of School Health

Is Your Child Ready for Child Care or School?

Learn About Required Vaccinations in New York City.

2025-2026 School Year

All students ages 2 months to 18 years in New York City must get the following vaccinations to go to child care or school. Review your child's vaccine needs based on their grade level this school year. The chart below shows the number of valid doses that are required. The number of vaccine doses your child needs may vary based on their age and previous vaccine doses received. Your child may need additional vaccines or vaccine doses if they have certain health conditions or previous doses were given too early (not valid); OPV does not count if after April 1, 2016. Blood tests that show immunity to measles, mumps and rubella, varicella, or hepatitis B also meet the requirements (immunity to polio is only acceptable if the lab test shows immunity to all 3 serotypes 1,2,3 and was done before September 2019).

Vaccinations	Child Care, Head Start, Nursery, 3-K or Pre-Kindergarten	Kindergarten to Grade 5	Grades 6 to 11	Grade 12
Diphtheria, tetanus and pertussis (DTaP)	Four doses	Five doses (or four doses only if the fourth dose was received at age 4 or older, or three doses only if the child is age 7 or older and the series was started at age 1 or older)	Three doses	
Tetanus, diphtheria and pertussis (Tdap) booster			One dose (required at age 11 or older when entering grades 6 to 12 and in compliance until age 11)	
Polio (IPV or OPV if before April 1, 2016)	Three doses	Four doses (or three doses if the third dose was received at age 4 or older)		
Measles, mumps and rubella (MMR)	One dose	Two doses		
Hepatitis B	Three doses	Three doses	Three doses (or two doses of the adult hepatitis B vaccine, Recombivax HB, if the doses were received at least four months apart between ages 11 and 15)	
Varicella (chickenpox)	One dose	Two doses		
Meningococcal conjugate (MenACWY)			Grade 6: Not applicable Grades 7 to 11: One dose	Grade 12: Two doses (or one dose if the first dose was received at age 16 or older)
Haemophilus influenzae type b conjugate (Hib)	One to four doses (depending on the child's age and doses they previously received)			
Pneumococcal conjugate (PCV)	One to four doses (depending on the child's age and doses they previously received)			
Influenza (flu)	One dose (2 nd dose if needed is not required for attendance)			

Talk to your child's health care provider if you have any questions.
For more information, call **311** or visit nyc.gov/health and search for **student vaccines**.



Public
Schools

Health
Department



TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address	Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		
City/Borough	State	Zip Code	School/Center/Camp Name	District Number
Health Insurance <input type="checkbox"/> Yes (including Medicaid)? <input type="checkbox"/> No	Parent/Guardian Last Name	First Name	Email	Phone Numbers Home _____ Cell _____ Work _____

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____ Attach MAF if in-school medications needed	Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF): If persistent, check all current medication(s): Asthma Control Status <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability Explain all checked items above. <input type="checkbox"/> Intermittent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Well-controlled <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ Addendum attached.	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)
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PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) ____/____	General Appearance: <input type="checkbox"/> Physical Exam WNL NI Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine
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DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____	Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) SCREENING TESTS Date Done Results Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ μg/dL Lead Risk Assessment (at each well child exam, age 6 mo-6 yrs) <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk Child Care Only _____ Hemoglobin or Hematocrit _____ g/dL _____ %	Hearing Date Done Results < 4 years: gross hearing ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred Vision Date Done Results < 3 years: Vision appears: ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) ____/____/____ Right _____ Left _____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Describe Suspected Delay or Concern: Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No CIR Number _____ Physician Confirmed History of Varicella Infection <input type="checkbox"/>	Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No
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IMMUNIZATIONS - DATES DTP/DTaP/DT _____ Tdap _____ Td _____ MMR _____ Polio _____ Varicella _____ Hep B _____ Mening ACWY _____ Hib _____ Hep A _____ PCV _____ Rotavirus _____ Influenza _____ Mening B _____ HPV _____ Other _____	IgG Titers Date Hepatitis B _____ Measles _____ Mumps _____ Rubella _____ Varicella _____ Polio 1 _____ Polio 2 _____ Polio 3 _____
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ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____	RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
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Health Care Practitioner Signature _____ Date Form Completed ____/____/____	DO NOT WRITE PRACTITIONER NAME OR LICENSE NO. IN THESE SPACES
Health Care Practitioner Name and Degree (print) _____	Practitioner License No. and State _____
Facility Name _____	National Provider Identifier (NPI) _____
Address _____ City _____ State _____ Zip _____	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments: _____ Date Reviewed: ____/____/____ I.D. NUMBER _____ REVIEWER: _____ FORM ID# _____
Telephone _____ Fax _____ Email _____	

2025-26 School Year

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 (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/DTP/Tdap/Td) 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 of age 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 adolescent booster (Tdap) ³		Not applicable	1 dose given after age 10 years	
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 and 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	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 disease is acceptable proof of immunity to varicella.

*Serological titers are never accepted for tetanus, diphtheria, pertussis, meningococcal, haemophilus influenzae type b, and pneumococcal diseases.
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, 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. 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.
 - d. [For further information, refer to the CDC Catch-Up Guidance for Children 4 Months through 6 Years of Age.](#)
 - e. [For further information, refer to the CDC Catch-Up Guidance for Children 7 through 9 Years of Age.](#)
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 11: 10 years; minimum age for grade 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 2025-26, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 11; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grade 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.
 - d. [For further information, refer to the CDC Catch-Up Guidance for Children 10 through 18 Years of Age.](#)
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, 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 that are each 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 New York State 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, must not be counted.
 - e. [For further information, refer to the CDC Catch-Up Guidance for Children 4 Months through 17 Years of Age.](#)
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: At least one dose is required for all grades (pre-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 CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)
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 CDC Catch-Up Guidance for Healthy 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 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**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**

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

All children 6 months to 5 years old enrolled in child care **must** receive influenza vaccine by December 31.



The influenza vaccine benefits your whole family:

- Your child will be protected from serious illness caused by influenza.
- You'll be less likely to miss work because your child is sick from influenza.
- Vaccinating your child helps stop influenza from spreading in your home and in the community and protects vulnerable groups, like the elderly.

Make an appointment with your child's health care provider or call 311 to find a location to be vaccinated. Visit nyc.gov/flu for more information.

The New York City Health Department recommends that everyone six months old and older get an influenza vaccine every year.





SEPTEMBER 2025

MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

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

ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE

A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

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

Weight	Body Mass Index	Medical History
Height	Vision Screening	Developmental Assessment
Blood Pressure	Hearing Screening	Nutritional Evaluation
	Dental Screening	

All students entering NYC public or private schools or child care (including Universal 3K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthdays, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH205 is also available in the CIR and is accessible for use to update as needed. For school year 2025-2026, the previous version of the CH205 form produced from the Online Registry will continue to be accepted by all NYC Public Schools, Center/School/Home-Based Care and After-School until it is replaced by the new version.

Required Screening for Child Care Only

Screening	Required Information
Anemia Screening	Hematocrit and Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none"> All children under age 6 years must be assessed annually for lead exposure. Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented. For more information, call the Lead Poisoning Prevention Program at 311, or visit https://www1.nyc.gov/assets/doh/downloads/pdf/lead/lead-guidelines-children.pdf

IMMUNIZATION REQUIREMENTS 2025–26

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years (i.e., until they reach the age of 18 years). Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the vaccines listed in the Full Compliance table. The child's immunization record should be evaluated according to the grade they are attending this school year.

PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the with the [NYS Public Health Law Section 2164](#) and [NYS Immunization requirements](#) for the child to be considered "in process" and remain in school. If a child does not receive subsequent doses of vaccine at appropriate intervals, the child is no longer in process and must be excluded from school no later than 14 days after the minimum interval. Alternative schedules are not acceptable. 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 or child care until they comply with the requirements.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/Tdap) ²	One dose DTaP or DTP	Grades K-5: One dose DTaP, DTP; or Tdap (ages 7 years or older) Grades 6-12: one dose of Tdap
Polio vaccine (IPV/OPV) ^{1,4}	One dose	One dose
Measles, mumps, and rubella vaccine (MMR) ^{1,5} On or after the first birthday	One dose	One dose
Hepatitis B (HepB) vaccine ^{1,6}	One dose	One dose
Varicella (chickenpox) vaccine ^{1,7} On or after the first birthday	One dose	One dose
Meningococcal conjugate vaccine (MenACWY) ⁸ Grades 7 through 12		One dose
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹ Through age 59 months (up until the 5 th birthday)	One dose	
Pneumococcal conjugate vaccine (PCV) ¹⁰ Through age 59 months (up until the 5 th birthday)	One dose	
Influenza ¹¹ Depending on their influenza vaccine history, some children may need two doses of influenza vaccine. A second dose is not required for child care/pre-K attendance.	One dose	

2025–26: FULL COMPLIANCE

New York State Immunization Requirements for Child Care and School Entrance/Attendance

For all settings and grades (child care, head start, nursery, 3K, pre-K-12), intervals between doses of vaccine should be in accordance with the with the [NYS Public Health Law Section 2164](#). Only doses received no sooner than 4 calendar days of the recommended minimum age or interval are valid and count (4-day grace period); there is no "maximum interval" between doses. The 4-day grace period does not apply to the recommended 28-day minimum interval between a dose of MMR and varicella vaccine. Refer to the footnotes for dose requirements and specific information about each vaccine, including other exceptions to the 4-day grace period. Children enrolling in gradeless classes should meet immunization requirements for their age-equivalent grade. Children who were not in full compliance before the start of the school year must complete requirements in order to remain in child care or school.

VACCINES	CHILD CARE, HEAD START, NURSERY, 3K OR PRE-KINDERGARTEN	KINDERGARTEN through Grade 5	GRADES 6 through 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/Tdap/Td)² Footnote explains vaccine type by age	4 doses	5 doses or 4 doses if the fourth dose was received at age 4 years or older or 3 doses if the child is age 7 years or older and the series was started at age 1 year or older	3 doses
Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap)³	Not Applicable		1 dose
Polio vaccine (IPV/OPV)^{1,4}	3 doses	4 doses or 3 doses if the third dose was received at age 4 years or older	
Measles, mumps, and rubella vaccine (MMR)^{1,5}	1 dose	2 doses	
Hepatitis B (HepB) vaccine^{1,6}	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax HB®) for children who received the doses at least 4 months apart between the ages of 11 through 15 years
Varicella (chickenpox) vaccine^{1,7}	1 dose	2 doses	
Meningococcal conjugate vaccine (MenACWY)⁸	Not Applicable		Grades 7, 8, 9, 10 and 11: 1 dose Grade 12: 2 doses or 1 dose if the first dose was received at age 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	
Influenza¹¹	1 dose	Not Applicable	

For more information contact: New York City Department of Health and Mental Hygiene, Bureau of Immunization: 347-396-2433; Office of School Health Citywide (all districts): OSH@health.nyc.gov
New York State Department of Health, Bureau of Immunization: 518-473-4437

Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, or varicella meets the requirements for these immunizations. Serologic evidence of immunity to polio is acceptable only if results are positive for all three serotypes and testing must have been done prior to September 1, 2019. Diagnosis by a physician, physician assistant or nurse practitioner that a child had varicella disease is acceptable proof of immunity to varicella. Serologies are never accepted for tetanus, diphtheria, pertussis, meningococcal, *Haemophilus influenzae* type b, and pneumococcal diseases.

Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine – (Minimum age: 6 weeks)

- Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months, 15 through 18 months, and age 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, when retrospectively identified, the fourth dose need not be repeated if it was administered at least 4 months after the third dose. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the prior dose.
- If the fourth dose was administered at age 4 years or older, the fifth (booster) dose is not necessary.
- If the fifth dose was received prior to the fourth birthday, a sixth dose, administered at least 6 months after the prior dose, is required.
- Children ages 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, either Tdap or Td should be used; the Tdap dose may count towards the Tdap requirement according to grade (see footnote 3d). If the first dose of DTaP/DTP was received on or after the first birthday, then three total doses are required to complete the series. The final dose must be received on or after the fourth birthday.

Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine – (Minimum age: 10 years for grades 6-10 (the 4-day grace period does not apply); 7 years for grades 11 and 12)

- Children ages 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
- Children without Tdap who are age 10 years upon entry to 6th grade are in compliance until they turn age 11 years.
- 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 (see footnote 2d).
- In school year 2025-2026, only doses of Tdap (or DTaP) given at age 10 years or older will satisfy the Tdap requirement for grades 6-11. However, doses of Tdap (or DTaP) given at age 7 years or older will satisfy the requirement grade 12.
- DTaP should NOT be used on or after the 7th birthday but if inadvertently received, the Tdap requirement is satisfied by doses of DTaP (see footnote 3c and 3d).

Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV) – (Minimum age: 6 weeks)

- Children starting the series on time should receive IPV at ages 2 months, 4 months, 6 through 18 months and age 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 prior dose.
- For children who received their fourth dose before age 4 years: if the 4th dose was prior to August 7, 2010, four doses separated by at least four weeks (28 days) is sufficient.
- If the third dose was received at age 4 years or older and at least 6 months after the prior dose, a fourth dose is not necessary.
- If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the IPV schedule. For OPV to count towards the completion of the polio series, the dose(s) must have been given before April 1, 2016, and be trivalent (tOPV).

Measles, mumps, and rubella (MMR) vaccine – (Minimum age: 12 months)

- The first dose of MMR vaccine must be given on or after the first birthday. The second dose must be given at least four weeks (28 days) after the first dose to be considered valid.
- Children in kindergarten through grade 12 must receive two doses of measles-containing vaccine, two doses of mumps-containing vaccine and at least one dose of rubella-containing vaccine.

Hepatitis B (HepB) vaccine – (Minimum age: birth)

- The first dose of HepB vaccine may be given at birth or anytime thereafter. The second dose must be given at least four weeks (28 days) after the first dose. The third dose must be given at least eight weeks after the second dose AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
- Administration of a total of four doses is permitted when a combination vaccine containing HepB is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 6 months.
- Two doses of adult HepB vaccine (Recombivax®) received at least four months apart at age 11 through 15 years will meet the requirement.

Varicella (chickenpox) vaccine – (Minimum age: 12 months)

- The first dose of varicella vaccine must be given on or after the first birthday. The second dose must be given at least four weeks (28 days) after the first dose to be considered valid.
- For children younger than age 13 years, the recommended minimum interval between doses is three months; four weeks (28 days) after the first dose is valid (the 4-day grace period does NOT apply).
- For children aged 13 years and older, the recommended minimum interval between doses is four weeks (28 days) (the 4-day grace period applies).

Meningococcal Vaccine (MenACWY) – (Minimum age: 10 years).

- Children entering grades 7, 8, 9, 10 and 11 are required to receive a single dose of meningococcal conjugate vaccine against serogroups A, C, W-135 and Y (MenACWY vaccines, including Menactra, Menveo, or MenQuadfi). See footnote 8e for the age requirements.
- Children entering grade 12 need to receive two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
- If the second dose was administered before age 16 years, then a third dose given on or after age 16 years is required.
- The minimum interval between doses of MenACWY vaccine is eight weeks.

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

- Children starting the series on time and receiving PRP-T Hib vaccine should receive doses at ages 2 months, 4 months, 6 months and 12 through 15 months. If the formulation is PRP-OMP, only two doses are needed before age 12 through 15 months.
- If 2 doses of vaccine were received before age 12 months, only 3 doses are required, with the third dose at 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was received at age 12 through 14 months, only 2 doses are required with second dose at least 8 weeks after the first dose.
- If the first dose was received at age 15 months or older, no further doses are required.
- Hib vaccine is not required for children ages 5 years or older.

Pneumococcal conjugate vaccine (PCV) – (Minimum age: 6 weeks)

- Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
- Unvaccinated children ages 7 through 11 months must receive two doses, at least four weeks (28 days) apart, followed by a third dose at age 12 through 15 months and at least eight weeks after the prior dose.
- Unvaccinated children ages 12 through 23 months must receive two doses at least eight weeks apart.
- Unvaccinated children ages 24 through 59 months must receive just one dose.
- PCV vaccine is not required for children ages 5 years or older.

Influenza Vaccine – (Minimum age: 6 months)

- Children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated Child Care, Head Start, Nursery, or Pre-K programs must receive one dose of influenza vaccine between July 1 and December 31 of each year.
- Depending on their prior influenza vaccination history, some children may need two doses of influenza vaccine; however, a second dose is not required for school entry. Please refer to the NYC Department of Health (www.nyc.gov/health/flu)