

2024-25 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 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 grade-less 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 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 |
| 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 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 | 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 |