

SEPTEMBER 2009-2010

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 ^{✓3, 4} AND other children up to age 6 years at risk of
exposure OR with no lead test previously documented.
* * * * * " *) » " * O T M *) o n . C A » « » 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 public or private 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. If students have been in any public, private or parochial school in NYC they do not need tuberculosis evaluation. 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 or any other live vaccine 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/Ddf/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	- Department of Education Districts 1, 2, 3, 4, 5 and 6
Bureau of School Health Region II - 718-579-6853/54	- Department of Education Districts 7, 8, 9, 10, 11 and 12
Bureau of School Health Region III - 718-336-2553x112	- Department of Education Districts 17, 18, 19, 21, 22, 23 and 32
Bureau of School Health Region IV - 718-495-0507	- Department of Education Districts 13, 14, 15, 16, 20 and 31
Bureau of School Health Region V - 718-520-4950	- Department of Education Districts 24, 25, 26, 27, 28, 29 and 30

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

Health

SEPTEMBER 2009-2010

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>	<u>GRADES 1-12</u>	<u>NO. OF DOSES</u>
DTaP (diphtheria-tetanus-acellular pertussis) OR		DTaP, DTP, DT, Td (tetanus-diphtheria) OR	
DTP (diphtheria-tetanus-pertussis)	4	Tdap (tetanus-diphtheria-acellular pertussis)	3
<i>Fourth dose should be at least 6 months after the third.</i>		<i>Vaccine type as appropriate for age.</i>	
OPV (oral poliovirus) or IPV (inactivated poliovirus).....	3	Tdap (effective September 1, 2007).....	1
MMR (measles-mumps-rubella).....	1	<i>For all children born on or after January 1, 1994 and entering 6th, 7th or 8th grade.</i>	
<i>On or after the 1st birthday.</i>		OPV or IPV	3
Hib (Haemophilus influenzae type b)	1, 2, or 3	MMR	2
<i>One dose at or after age 15 months.</i>		<i>One dose on or after the 1st birthday, plus a second dose of a measles-containing vaccine (preferably as UMR) administered 28 days or more after the first dose and at or after age 15 months.</i>	
<i>If younger than 15 months, 3 doses required, as age appropriate.</i>		Hepatitis B.....	2 or 3
Hepatitis B	3	<i>All students in all grades.</i>	
Varicella.....	1	3 doses of pediatric hepatitis B vaccine OR	
<i>On or after 1st birthday.</i>		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.	
Pneumococcal conjugate (PCV).....	1,2, or 3	Varicella (Grades 1 -10).....	1*
<i>For all children born on or after January 1, 2008, as age appropriate.</i>		<i>For all children through and including 10th grade, born on or after January 1, 1994, one dose on or after the 1st birthday.</i>	
<u>KINDERGARTEN</u>			
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>			

*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>	<u>KINDERGARTEN/GRADES 1-12</u>	<u>NO. OF DOSES</u>
DTaP (diphtheria-tetanus-acellular pertussis) OR		DTaP, DTP, DT, Td (tetanus-diphtheria) OR	
DTP (diphtheria-tetanus-pertussis)	1	Tdap (tetanus-diphtheria-acellular pertussis).....	1
OPV (oral poliovirus) or IPV (inactivated poliovirus)	1	<i>Vaccine type as appropriate for age.</i>	
MMR (measles-mumps-rubella)	1	Tdap (effective September 1, 2007)	1
<i>On or after 1st birthday.</i>		<i>For all children born on or after January 1, 1994 and entering 6th, 7th or 8th grade.</i>	
Hib (Haemophilus Influenzae type b)	1	OPV or IPV	1
Hepatitis B	1	MMR	1
Varicella.....	1	<i>On or after 1st birthday.</i>	
<i>On or after 1st birthday.</i>		Hepatitis B	1
Pneumococcal conjugate (PCV).....	1	Varicella (Grades K -10).....	1
<i>For all children born on or after January 1, 2008.</i>		<i>For all children through and including 10th 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.*

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