

News From

The NYS Education Department (NYSED) has been informed by the NYS Department of Health (NYSDOH) that the effective date of the new immunization regulations has been changed to 9/1/2015.

Although the regulations are not formally adopted until published in the State Register, the NYSDOH has informed NYSED that the final regulations will be unchanged from the version that was published in the State Register in March 2015. Click [here](#) to view them.

Please inform parents/guardians of these new requirements so they can make appointments for their children's vaccinations over the summer if needed.

Below is a summary of the changes to School Immunization Requirements for the 2015-16 School Year based on NYSDOH amended regulations:

MMR (grades K-12)

- 2 doses of measles and mumps vaccines and 1 dose of rubella vaccine (MMR)
- Required for school entry. Range of 4 through 6 years of age for second dose no longer permitted

DTaP (grades K-12, except 8-12 as noted below*)

- 5 doses of diphtheria and tetanus toxoid-containing vaccine and acellular pertussis vaccine (DTaP) required for entrance
- If 4th dose received at 4 years of age or older, only 4 doses required
- Required for school entry. Range of 4 through 6 years of age for 5th dose no longer permitted

Polio (grades K, 1, 6 and 7 only)

- 4 doses of poliomyelitis vaccine (IPV)
- If 3rd dose received at 4 years of age or older, only 3 doses required
- Required for school entry. Range of 4 through 6 years of age for 4th dose no longer permitted

Polio (grades 2-5, 8-12)

- 3 dose

*Changes to Grades 8 through 12 School Entrance Immunization Requirements

Children enrolling in grades 8 through 12 in the 2015-16 school year are in this cohort, including new entrants in subsequent years into the cohort's current grade levels (e.g. 2016-2017 grades 9-12, 2017-2018 grades 10-12, 2018-2019 grades 11-12, 2019-2020 12th grade).

- Must meet immunization requirements of regulations in effect prior to July 1, 2014
- Do not need to have intervals assessed for immunizations.
- Are compliant for 2015-2016 through graduation if they meet requirements in effect June 30, 2014

which were:

- DTaP/DTP 3 doses
- Tdap 1 dose
- Polio 3 doses
- MMR 2 doses, or 2 doses of measles, 1 dose of mumps, and 1 dose of rubella
- Hep B 3 doses

The **2013-2014** Immunization chart may be helpful in reviewing student immunization records in grades 8-12 and can be viewed by [clicking here](#).

PLEASE SHARE THIS INFORMATION WITH YOUR ADMINISTRATOR AND COLLEAGUES.

School District Letterhead

Sample Medical Exemption for Required Immunization Request Form

NYSDOH Public Health Law Section 2164(7)(a) requires adequate dose or doses of immunizing agents against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenza type b (Hib), pertussis, tetanus, and hepatitis B for school entry.

New York State Law Section 66-1.3 (7) (c)-Requirement for School Admission permits medical exemption to required immunizations if the parent provides a certificate from a physician, licensed to practice medicine in New York State, that one or more of the required immunizations may be detrimental to the child's health.

The Centers for Disease Control's (CDC) resources on contraindications to vaccination can be found at: <http://www.immunize.org/catg.d/p3072a.pdf> .

Your certificate should include:

- The specific immunization that is medically contraindicated
- The reason for the medical contraindication
- The duration of the request

Please note that a physician should not request a permanent exemption unless you anticipate the child to have a life-long anaphylactic reaction to a given vaccine or one of its components, which cannot be desensitized, or the child has some other severe chronic medical condition you do not expect to resolve. All other requests should be temporary and require at minimum your annual re-assessment, if not sooner when the condition resolves.

To Be Completed By Health Care Provider

Student Name: _____ DOB: _____ Grade: _____

Teacher/HR: _____ School: _____

Name of Immunization which cannot be administered _____

Reason for exemption: _____

Duration of exemption: Academic year Other _____

This immunization will never be given because of the following medical contraindications:

Unless otherwise advised, this immunization will be given on _____

Name of Licensed Prescriber (Please Print) _____

Prescriber's Signature _____ Date _____ Phone _____

Please return this form to:

School Nurse: _____ School _____

Phone: _____ Fax: _____ Email _____

This document should be filed with the student's cumulative health record.

**Parent/Guardian Authorization of Another Adult for
Administration of Medication**

Sample Form

To be completed by parent/guardian:

I authorize _____, my

(name of designee)

friend, family member, household member or other relationship appropriate in accordance with Education Law §6908)

to administer the following medication(s):

to my child _____,

(student name)

at the following school sponsored event :

(name and date of event)

I acknowledge that

_____ district

(name of school district)

will not be liable for any problems that may arise as a result of the administration of such

medication by the designee.

Parent/guardian
signature: _____

Date _____

Print Name _____