



SEPTEMBER, 2005

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 have an annual lead poisoning risk assessment. Blood lead testing is required for: children 1 and 2 years old; children less than 6 years at high risk; and children less than 6 years with no record of a previous blood lead test. For more information, call the 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 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. Results must be recorded in millimeters of induration.
- A documented Mantoux Tuberculin Skin 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 Mantoux Tuberculin Skin Test.
- Students determined by their medical provider to have a positive Mantoux (PPD) Tuberculin Skin Test 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 Mantoux (PPD) Tuberculin Skin Test and X-ray report should be allowed in school and be referred to the school nurse or district supervising nurse for evaluation and followup.

Please Note: If the Tuberculin Skin Test is not given before or on the same day as the MMR then the student must wait six (6) weeks before receiving the Mantoux Tuberculin Skin 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 2005) http://www.nyc.gov/html/doh/downloads/pdf/tb/ltbi_guidelines.pdf)
- **STUDENTS WILL BE EXCLUDED FROM SCHOOL IF:**
They do not have a documented reading of a Mantoux Tuberculin Skin Test within 14 school days of admission to school.

or

They are new entrants with a positive Mantoux Tuberculin Skin Test reaction 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 | – For Department of Education Instructional Regions 9 and 10 |
| Bureau of School Health Region II | – 718-579-6853/54 | – For Department of Education Instructional Regions 1 and 2 |
| Bureau of School Health Region III | – 718-692-9555/87 | – For Department of Education Instructional Regions 5 and 6 |
| Bureau of School Health Region IV | – 718-387-5671/74 | – For Department of Education Instructional Regions 7 and 8 |
| Bureau of School Health Region V | – 718-575-2390/1 | – For Department of Education Instructional Regions 3 and 4 |



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

Web Site: nyc.gov/health

SEPTEMBER, 2005

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> |
|---|---------------------|
| DTaP (diphtheria-tetanus-acellular pertussis) or DTP (diphtheria-tetanus-pertussis) | 4 |
| <i>Fourth dose should be at least 6 months after the third.</i> | |
| OPV (oral poliovirus) or IPV (inactivated poliovirus) | 3 |
| MMR (measles-mumps-rubella) | 1 |
| <i>One dose on or after the 1st birthday.</i> | |
| Hib (Haemophilus influenzae type b) | 1, 2, or 3 |
| <i>One dose at or after age 15 months.</i> | |
| <i>If younger than 15 months, 3 doses required, as age appropriate.</i> | |
| Hepatitis B | 3 |
| Varicella | 1 |
| <i>For children born on or after January 1, 2000, one dose on or after 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>For children born on or after January 1, 1998, one dose on or after the 1st birthday.</i> | |

| <u>GRADES 1 – 12</u> | <u>NO. OF DOSES</u> |
|--|---------------------|
| DTaP, DTP, DT or Td (tetanus-diphtheria) | 3 |
| <i>Vaccine type as appropriate for age.</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 | 2 or 3 |
| <i>All students in all grades.</i> | |
| 3 doses of pediatric hepatitis B vaccine OR 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. | |
| Varicella (Grade 1, 2) | 1 |
| <i>For children born on or after January 1, 1998, one dose on or after the 1st birthday (including 3rd graders born on or after this date).</i> | |
| Varicella (Grade 6) | 1 |
| <i>For all children born on or after January 1, 1994, one dose on or after the 1st birthday.</i> | |
| <small>☆The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.</small> | |

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> |
|--|---------------------|
| DTaP (diphtheria-tetanus-acellular pertussis) or DTP (diphtheria-tetanus-pertussis) | 1 |
| IPV (inactivated poliovirus) | 1 |
| MMR (measles-mumps-rubella) | 1 |
| Hib (Haemophilus influenzae type b) | 1 |
| Hepatitis B | 1 |
| <i>All grades.</i> | |
| Varicella | 1 |
| <i>For children born on or after January 1, 2000, one dose on or after 1st birthday.</i> | |

| <u>KINDERGARTEN/GRADES 1 – 12</u> | <u>NO. OF DOSES</u> |
|--|---------------------|
| DTaP, DTP or Td (tetanus-diphtheria) | 1 |
| <i>Vaccine type as appropriate for age.</i> | |
| IPV | 1 |
| MMR | 1 |
| Hepatitis B | 1 |
| Varicella (Kindergarten/Grades 1, 2 and 6) | 1 |
| <i>For all children born on or after January 1, 1998 (including 3rd graders born on or after this date).</i> | |
| <i>For all children in 6th grade born on or after January 1, 1994.</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 detailed information on
 School Immunization Requirements,
 call the
 Bureau of Immunization
 212-676-2273.*