

**NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ATTENDANCE**

<b>VACCINES</b>	<b>Pre-Kindergarten, Day Care, Head Start, Nursery</b>	<b>Kindergarten &amp; Grades 1, 2, 3</b>	<b>Grades 4 &amp; 5</b>	<b>Grades 6, 7, 8, &amp; 9</b>	<b>Grades 10, 11, &amp; 12</b>
<b>Diphtheria &amp; Tetanus toxoid- containing vaccine &amp; Pertussis vaccine (DTaP/DTP/Tdap/Td)</b>	<b>4 doses</b>	<b>5 doses or 4 doses</b> if 4 <sup>th</sup> dose was received at 4 years or older or <b>3 doses</b> if 7 years or older & the series was started at 1 year or older	<b>3 doses</b>		
<b>Tetanus &amp; Diphtheria toxoid- containing vaccine &amp; Pertussis vaccine booster (Tdap)</b>	<b>Not applicable</b>			<b>1 dose</b>	
<b>Polio vaccine (IPV/OPV)</b>	<b>3 doses</b>	<b>4 doses or 3 doses</b> if the 3 <sup>rd</sup> dose was received at 4 years or older	<b>3 doses</b>	<b>4 doses or 3 doses</b> if the 3 <sup>rd</sup> dose was received at 4 years or older	<b>3 doses</b>
<b>Measles, Mumps, and Rubella vaccine (MMR)</b>	<b>1 dose</b>	<b>2 doses</b>			
<b>Hepatitis B vaccine</b>	<b>3 doses</b>	<b>3 doses or 2 doses</b> 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			
<b>Varicella (Chickenpox) vaccine</b>	<b>1 dose</b>	<b>2 doses</b>	<b>1 dose</b>	<b>2 doses</b>	<b>1 dose</b>
<b>Meningococcal conjugate vaccine (MenACWY)</b>	<b>Not applicable</b>			<b>Grades 7-8: 1 dose</b>	<b>Grade 12: 2 doses or 1 dose</b> if the dose was received at 16 years or older
<b>Haemophilus influenzae type b conjugate vaccine (Hib)</b>	<b>1 to 4 doses</b>	<b>Not applicable</b>			
<b>Pneumococcal Conjugate vaccine (PCV)</b>	<b>1 to 4 doses</b>	<b>Not applicable</b>			