



Immunization Guidelines for Schools

The University of the State of New York
The State Education Department
Office of Student Support Services



THE UNIVERSITY OF THE STATE OF NEW YORK

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ADRIAN I. HALE, A.S., B.A.	Rochester

Commissioner of Education and President of The University

BETTY A. ROSA, B.A., M.S. in Ed., M.S. in Ed., M.Ed., Ed.D.

Deputy Commissioner of P12 Instructional Support

ANGELIQUE JOHNSON-DINGLE

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FOREWORD

This document provides **all schools** (public, charter, BOCES, and nonpublic) in New York State with a framework for developing policy and procedures that meet the immunization requirements for school entrance/attendance as defined in State law and regulation. The document explains the purpose of immunization policy, procedures in schools and provides guidelines for developing an effective program including planning, implementation, and follow-up. This document is intended for use by administrators and school health personnel. Schools should review these guidelines with their counsel as necessary to incorporate the guidance into school policy.

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DEFINITION OF TERMS

Acceptable Proof (a.k.a., proof of compliance) - Documents indicating the required receipt of all vaccines [10 NYCRR §66-1.6]:

- An original signed certificate of immunization signed by a health practitioner licensed to practice in New York State that shows the products administered along with the dates of administration;
- A New York State Immunization Information System (NYSIIS); or New York Citywide Immunization Registry (CIR) immunization record;
- Positive Serologic tests for proof of immunity for specific diseases;
- Physician, nurse practitioner, or physician assistant verified history of varicella disease and/or positive serological tests¹ for measles, mumps, rubella, varicella, or hepatitis B;
- Laboratory confirmation of disease for measles, mumps, rubella, and varicella;
- An official immunization registry from another state;
- An electronic health record;
- An official record from a foreign nation; and/or
- Immunization records forwarded from a previous school – which contain all of the information specified in a certificate of immunization may be accepted by the principal or person in charge of the school in lieu of a certificate of immunization. [10 NYCRR §66-1.5]

Age appropriate - means that vaccine doses administered within four calendar days of the recommended minimum age or interval will be considered valid. [10 NYCRR §66-1.1(i)]

Attend or Admit - means enrolled in, or admitted to, a school for the purpose of participating in or receiving services at such school, including, but not limited to, special education or related services, participating in intra-scholastic or interscholastic sports, or other school-sponsored events or activities; or being transported on a school bus or vehicle with other school children; except where such services, transportation, events, or activities are open to the general public. [10 NYCRR §66-1.1(m)]

Certificate of Immunization - A document prepared and signed by the health practitioner licensed in New York who administers the immunizations to the student, specifying the product(s) administered and the dates of administration. It may also show physician, nurse practitioner, or physician assistant-verified history of varicella disease and/or positive serologic tests for measles, mumps, rubella, varicella, and/or Hepatitis B and/or laboratory confirmation of disease for measles, mumps, rubella and/or varicella. [10 NYCRR §66-1.6]

Child (a.k.a., student) - means any person between the ages of two (2) months and 18 years. [10 NYCRR §66-1.1(b)]

Cumulative Health Record (CHR) - A health record maintained by a PreK-12 school which is considered part of the educational record.

Diagnosed Disease - Verification of history of varicella diagnosed by a physician, nurse practitioner, or physician assistant. [10 NYCRR §66-1.1(g)(2)]

Entering school, new entrant, and transferring student - Any student who is under age 18 entering or being admitted to a district or school for the first time, irrespective of the age of the student or the grade level entered.

¹ Certificates of immunization issued prior to September 1, 2019 may also show serological positive tests for all three serotypes of poliomyelitis contained in the polio vaccine.

Exclusion - The process whereby students are not permitted to attend school due to not meeting the immunization requirements as determined by school principal, teacher, owner, or person in charge of the school. This includes the exclusion of susceptible students in the event of a vaccine preventable disease outbreak as ordered by the Commissioner of Health or their designee. The list must be updated each time a new student enrolls in the school or a student's immunization status changes. [10 NYCRR §66-1.10]

Fully Immunized (a.k.a., Up to Date) - means that an adequate dosage and number of doses of an immunizing agent licensed by the United States Food and Drug Administration (FDA) has been received commensurate with the child's age, and at appropriate intervals, or the child has been demonstrated to have immunity. [10 NYCRR §66-1.1(f)]

Health Practitioner - Person authorized by law to administer an immunization to a child under 18. This includes a physician (MD and DO), nurse practitioner (NP), physician assistant (PA), nurse-midwife caring for a pregnant student, registered professional nurse (RN), and licensed practical nurse (LPN) under the direction of an RN. [10 NYCRR §66-1.1(e)]

Immunity - Pursuant to 10 NYCRR §66-1.1(g), Immunity means:

(1) for measles, mumps, and rubella, a child has had a positive serologic test, as defined in subdivision (h) of this section, for those diseases, or laboratory confirmation of disease, as defined in subdivision (k) of this section;

(2) for varicella, a child has either a positive serologic test, as defined in subdivision (h) of this section; laboratory confirmation of disease, as defined in subdivision (k) of this section; or had the disease as verified by a physician, nurse practitioner, or physician's assistant statement;

(3) for hepatitis B, a child has had a positive serologic test, as defined in subdivision (h) of this section; or

(4) for poliomyelitis, positive serologic tests, as defined in subdivision (h) of this section, for all three serotypes of poliomyelitis, performed prior to September 1, 2019. Positive Serologic tests of poliomyelitis performed on or after September 1, 2019, will not be accepted in place of poliomyelitis vaccination.

Immunization Registry - The New York State Immunization Information System (NYSIIS), a statewide computerized database of immunizations developed and maintained by NYSDOH. In New York City, it is the Citywide Immunization Registry (CIR) - administered by the NYC Department of Health and Mental Hygiene. [10 NYCRR §66-1.2]

Immunization Survey Process - The annual collection and compilation by schools of immunization data for all students entering and/or attending their schools and reporting it to NYSDOH or the New York City Commissioner of Health. [10 NYCRR §66-1.7]

In Process - Pursuant to 10 NYCRR §66-1.1(j), in process means that:

(1) a child has received at least the first dose in each immunization series required by §2164 of the Public Health Law (except in the case of live vaccines in which a child should wait 28 days after one live vaccine administration before receiving another live vaccine, if the vaccines were not given on the same day) and has age appropriate interval appointments to complete the immunization series according to the Advisory Committee on Immunization Practices (ACIP) Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; or

(2) a child has had blood drawn for a serologic test and is awaiting test results within 14 days after the blood draw; or

(3) a child's serologic test(s) are negative, and therefore the child in question has appointments to be immunized within 30 days of notification of the parent/guardian to complete,

or begin completion, of the immunization series based on the ACIP Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger.

(4) Children who are not fully immunized can only continue to attend school if they are in the process of completing the immunization series based on the ACIP Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. If a child does not receive subsequent doses of vaccine in an immunization series according to the age appropriate ACIP catch-up schedule, including at appropriate intervals, the child is no longer in process and must be excluded from school within 14 days after the minimum interval identified by the ACIP catch-up schedule, if not otherwise exempt in accordance with §66-1.3 of this Subpart.

May be detrimental - A physician has determined that a child has a medical contraindication or precaution to a specific immunization consistent with ACIP guidance or other nationally recognized evidence-based standard of care. [10 NYCRR §66-1.1(l)]

Medical exemption - A signed, completed medical exemption form approved by the NYSDOH or NYC Department of Education from a physician licensed to practice medicine in NYS certifying that immunization may be detrimental to the child's health, containing sufficient information to identify a medical contraindication to a specific immunization and specifying the length of time the immunization is medically contraindicated. The medical exemption must be reissued annually. The principal or person in charge of the school may require additional information supporting the exemption. [10 NYCRR §66-1.3(c)]. If a physician licensed to practice medicine in NYS certifies that an immunization is detrimental to a child's health, the requirement for that immunization is waived until such immunization is no longer detrimental to the child's health.

Partially immunized - Any student who has received some, but not all, the currently required doses of a series, and does not have serological evidence of immunity, or history of healthcare provider diagnosed varicella.

School - Includes public, private, or nonpublic child caring center, daycare agency providing day care of children defined in this section, nursery school as defined in this section, kindergarten and any elementary, intermediate, or secondary class or school building. [10 NYCRR §66-1.1(a)]

Serologic test for immunity- means a blood test for Immunoglobulin G (IgG), or for hepatitis B, a blood test for hepatitis B surface antibody, as determined by the testing lab's criteria. Serology results reported as equivocal are not acceptable proof of immunity. A positive serologic test can be accepted in place of vaccination only for the following diseases: measles, mumps, rubella, varicella, and hepatitis B, and for poliomyelitis, positive serologic tests, as defined in subdivision (h) of this section, for all three serotypes of poliomyelitis, performed prior to September 1, 2019. Serologic tests for poliomyelitis performed on or after September 1, 2019, will not be accepted in place of poliomyelitis vaccination. [10 NYCRR §66-1.1(h)]

Student - See definition of "Child."

Susceptible student - A student who is either not immunized or is partially immunized. This includes students who have medical exemptions and students who are "in process".

Vaccine - A specially prepared antigen which, upon administration to a person, will result in immunity.

INTRODUCTION

In the early 1900s, communicable disease control was the primary reason for the establishment of school health services. There has been a decline in communicable diseases over the past 50 years due to the widespread use of immunizations (also known as vaccines) against many diseases. Where students do not have all the required immunizations, New York State is seeing the spread of vaccine preventable diseases. In 2013 and again in 2019, the state experienced Measles outbreaks and in July 2022, a case of paralytic poliomyelitis (polio) was reported in Rockland County, New York. Vaccine-preventable diseases (e.g., diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, *Haemophilus influenzae* type b, hepatitis B, varicella, pneumococcal and meningococcal disease and others) still occur among students who are either under-immunized or lack all immunizations. Schools assist in public health efforts to combat communicable diseases by ensuring students meet immunization requirements as defined and required in Public Health Law.

Statutory Background

[Public Health Law §2164.docx \(ny.gov\)](#) and the New York State Department of Health (NYSDOH) Commissioner's regulations §66-1 [Title: Subpart 66-1 - School Immunization Requirements | New York Codes, Rules and Regulations \(ny.gov\)](#) define immunization program requirements for certain types of daycare settings, nursery schools, and all NYS PreK-12 schools.

[Education Law §914](#) – mandates:

1. Each school must require of every child entering or attending such school, proof of immunization in accordance with Public Health Law §2164.
2. Each school district must assist and cooperate with the local department of health in the development of a plan required by Public Health Law §613 [Laws of New York \(state.ny.us\)](#). This includes a program of immunization, surveillance, and testing, to raise to the highest reasonable level the immunity of the children of the state; to administer a program of influenza education to the families of children ages six months to eighteen years of age who attend pre-kindergarten, kindergarten, and public schools or nonpublic schools. Such program shall include educational materials on influenza and the benefits of influenza immunizations. Schools will be notified by the NYSDOH of the availability of such materials and such information must be posted by all schools in plain view.

Each school district must participate in the surveys directed by the state Commissioner of Health pursuant to §613 of the Public Health Law of the immunization level of the children entering and attending school within such district, and which shall be subject to audit by the state Commissioner of Health. Each school and school district shall provide the state Commissioner of Health with any records and reports required for the purpose of such audit. In no event shall the state Commissioner of Health disclose a student's identity.

SCHOOL IMMUNIZATION POLICY

Each district's board of education or the school's governing body, and administration is responsible for their school immunization program, and that it meets applicable state laws and regulations. The goal of a school immunization program is for all students to meet the immunization requirements for school attendance unless they have an accepted medical exemption.

Development of school policy should be a collaboration between the board of education or governing body, school administrators, school health services personnel and school legal counsel. The policy should include, but is not limited to:

- Identification of key staff members' roles and responsibilities;
- Identification of professional development needs of staff; and
- Development of written immunization policy and procedures to guide staff and families, consistent with State and federal laws. Procedures should include sufficient detail to ensure consistency within all schools in the district. Such procedures should include:
 - Obtaining and reviewing immunization records of all entrants and completing and submitting the annual immunization survey to NYSDOH. For all schools, excluding public schools within New York City, the summary will be provided in the form of the yearly school survey conducted by NYSDOH. [10 NYCRR §66-1.7]
 - Identification and maintenance of a list of susceptible students and a plan to notify parents/guardians of susceptible students during an outbreak of vaccine preventable disease. [10 NYCRR §66-1.10(c)]
 - Procedures for reviewing request for medical exemption to immunizations.
 - Identification of students who lack required immunizations and don't qualify as in process.
 - Notification to parents/guardians of students not meeting immunization requirements along with exclusion procedures.
 - Refer parents/guardians of students lacking required immunizations and excluded from school to their healthcare provider or the local health department to obtain the required immunization(s). [10 NYCRR §66-1.8(a)].
 - Notification to the local health department of the name and address of the excluded student and the immunizations they lack. [10 NYCRR §66-1.8(b)]
 - Provide for a time and place at which the required immunization(s) may be administered with the help of the local health department. [10 NYCRR §66-1.8(c)]
- Policy and procedures should be evaluated, reviewed, and revised periodically at a rate necessary to keep them up-to-date.

The following pages provide detailed information to assist schools in developing and implementing immunization policies.

SCHOOL AND COMMUNITY EDUCATION

It is important that schools communicate and educate parents/guardians, school personnel, and local health care providers regarding the immunization requirements for students to attend school. Attendance at school includes receiving educational services at a school – including, but not limited to, special education or related services, participating in intra-scholastic or interscholastic sports, or other school-sponsored events or activities; or being transported on a school bus or vehicle with other school children. The exception to the immunization requirements for students is where such services, transportation, events, or activities are open to the general public. [10 NYCRR §66-1.1(m)]

Communication and education can be done via newsletters, emails, websites and other accessible means of communication. Whenever possible, communication to parents/guardians should be in their primary language.

Key school personnel such as building administrators, school health personnel, and school registrars will need to be trained on state immunization requirements, school policy and procedures for communicating with parent/guardians, assisting parents/guardians by providing resources and locating county immunization clinics, how requests for medical exemption to immunizations will be handled, and procedures for student exclusions.

Influenza Education

Each year, NYSDOH annually produces influenza (flu) education materials to be posted in early fall in plain view in all schools in the state each year which provide information to families on the flu and the benefits of the flu vaccine. These education materials are updated annually and are also available for schools on the NYSDOH website at [Flu \(Influenza\) Information for Child-Care Providers and Schools \(ny.gov\)](#).

IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE

A student is considered fully immunized if they have the correct doses for their age and the minimum interval between doses was in accordance with the Advisory Committee on Immunization Practices (ACIP) Recommended Child and Adolescent Immunization Schedule for ages 18 or younger, which are posted on the Centers for Disease Control and Prevention (CDC) website ([Immunization Schedules | CDC](#)). Any child who completed an immunization series following minimum intervals prescribed in an ACIP Recommended Immunization Schedule pre-dating February 2019 shall continue to be deemed in compliance as long as the number of vaccine doses the child received conforms to the current ACIP Recommended Immunization Schedule. [10 NYCRR §66-1.1(f)]

NYSDOH provides a chart of the [New York State Immunization Requirements for School Entrance/Attendance \(ny.gov\)](#) for students in all PreK-12 schools which is available in multiple languages.

The immunization certificates and/or other proof of immunity of all new entrants must be reviewed, including students transferring into the district. NYSDOH encourages schools to obtain original documents whenever possible. Original documents should be copied, the copy should be returned to the parent/guardian, and the original should be retained in the student's cumulative health record (CHR). If the student transfers to a new school, the original documentation should

be forwarded to the new school and the old school should retain copies. Best practice requires the original document should be at the same location as the student.

Acceptable Certificates of Immunization and Proof of Immunity

NYDOH Commissioner's regulations §66-1.6 defines what is required in a certificate of immunization along with which ones require a signature from a health practitioner.

Documents that Require a Health Practitioner's Signature:

- A certificate of immunization specifying the vaccines administered and the dates of administration, signed by a healthcare practitioner licensed to practice in NYS. [10 NYCRR §66-1.6]
- A copy of immunization records (paper or electronic) sent from a previous school to the new school (**not** brought in by a parent/guardian), which include who administered the immunization agents, the products administered (products administered can mean either the vaccine or its brand name), and dates of administration. The records should be signed by the school health professional who entered the information into the student's Cumulative Health Record (CHR) and include any original documentation from the administering health practitioner, if available. [10 NYCRR §66-1.5]
- A statement verifying history of varicella diagnosed by a physician, nurse practitioner, or physician assistant. Original laboratory report of positive serological test² for measles, mumps, rubella, varicella, hepatitis B, and all three serological subtypes of poliomyelitis³ [polio virus type 1 (PV1), type 2 (PV2), and type 3 (PV3)] contained in the polio vaccines performed before September 1, 2019. A signed note from a healthcare provider that indicates antibody concentrations are positive will also meet the requirement for serological evidence of immunity for school entrance/attendance. [10 NYCRR §66-1.1(g)]

Documents that Do Not Require a Health Practitioner's Signature:

- An electronic health record from a healthcare provider.
- An immunization record issued by NYSIIS or CIR.
- A copy of an electronic immunization record from another state registry.
- An official record from a foreign nation.

In Process Students

Students who do not have all of the required immunizations for their age but qualify as a student ***in process*** must be allowed to attend school [10 NYCRR 66-1.3(b)].

Pursuant to 10 NYCRR §66-1.1(j) a student is in process when:

² Serologic test means a blood test for Immunoglobulin G (IgG), or for hepatitis B, a blood test for hepatitis B surface antibody, as determined by the testing lab's criteria. Serology results reported as equivocal are not acceptable proof of immunity[Health Commissioner's Regulations §66-1.1(h)].

³Polio serologic tests conducted after 9/1/19 are not accepted. Previous serologic testing conducted before 9/1/19 can still be accepted if the test documents a separate positive result for each of the three serotypes. Polio antibody tests which only report a combined antibody titer but do not provide results for each individual serotype will not satisfy the regulatory requirements. See the memo from the NYSDOH: [Use of Serology Testing to Document Polio Immunity](#)

- The student has received at least the first dose in each immunization series required by Public Health Law §2164 (except in the case of live vaccines in which a student should wait 28 days after one live vaccine administration before receiving another live vaccine, if the vaccines were not given on the same day) and have age-appropriate appointments that are met within 14 days of when the subsequent dose is due, confirmed with healthcare provider written documentation to complete the immunization series, according to the catch up schedule of the Advisory Committee on Immunization Practices (ACIP) [Catch-up Immunization Schedule | CDC](#).
- A student has had blood drawn for a serologic test and is awaiting test results, due within 14 days after the blood draw; or a student's serologic test(s) are negative and the student has appointments to be immunized within 30 days of notification of the parent/guardian to complete, or begin completion of the immunization series.
- Students who are not fully immunized can only continue to attend school if they are in the process of completing the immunization series. If a student does not receive subsequent doses of vaccine in an immunization series according to the age appropriate ACIP catch-up schedule, including at appropriate intervals, the student is no longer in process and must be excluded from school within 14 days after the minimum interval identified by the ACIP catch-up schedule.

Parents/guardians must present proof of future appointments such as an appointment card, receipt, or other statement from the provider's office that includes the date(s) of next appointment with a healthcare provider or facility for completion of the next dose(s) of required immunizations in accordance with the [Catch-up Immunization Schedule | CDC](#). The school should follow and track in-process students' immunization status and confirm follow through on appointments and scheduling of subsequent appointments as needed.

Schools should inform parents/guardians of students in process of the school's policy and procedures for exclusion of students not fully immunized as ordered by the Commissioner of Health, or their designee, during the outbreak of a vaccine preventable disease for the vaccine(s) the student does not have. [10 NYCRR §66-1.10(a)]

Special Circumstances

Homeless Students

Homeless students are not required to present proof of immunity or immunization in order to be admitted to school. Under the federal McKinney-Vento Act, homeless children and youth are entitled to have equal access to a free, appropriate, public education. Such students are entitled to enrollment in school even if they lack the documents normally needed, including proof of immunization. Every school district, BOCES, and charter school is required to have a **liaison for homeless students** whose duties include making eligibility determinations on a case-by-case basis, and helping the student obtain the immunization records or immunizations. More information is available at [McKinney-Vento Homeless Education | New York State Education Department \(nysed.gov\)](#).

Students in Foster Care

Students in foster care are to be enrolled even if they are unable to provide records normally required for enrollment, including immunization records. The enrolling school is to make a written request for a copy of such records to the school where the student's records are located, which

the sending school must forward to the enrolling school within five days of receipt of the request. [Education Law §3244 (1) and (2)]. More information is available at [NYSED Foster Care](#).

Non- graded Classrooms

Students who attend non-graded classrooms should be assessed for meeting the immunization requirements based on their age and the grade for which they are age equivalent. Students with IEPs can be excluded for lack of immunizations, though the services outlined in their IEP should be provided.

Refugee Students

Refugees come from diverse regions of the world and bring with them varying histories of immunizations received in their countries of origin. Refugees, unlike most other immigrant populations, are not required to have any vaccinations before arrival in the United States. In addition, many vaccines have limited or no availability in some developing countries or in specific refugee settings.

To allow time for immunization assessment and possible immunization administration, vaccination requirements do not apply to refugees at the time of their initial arrival to the U.S. At the medical screening visit during the federal intake process for new arrivals, a healthcare provider should review any written vaccination records presented by the refugee, assess reported vaccinations for adherence to acceptable U.S. recommendations, and subsequently, initiate necessary immunizations. The fourteen-day period may be extended to not more than thirty days to work with these students and their custodial guardian(s), on a case-by-case basis, to achieve complete vaccination. Public Health Law §2164 is meant to ensure children's health and safety and is not meant to be used to keep refugee children from attending school. See the following for more information [Educational Services for Recently Arrived Evacuees, Refugees, Immigrants Field Memo \(nysed.gov\)](#).

Homeschooled Students

The provisions of Public Health Law §2164 that require parents to submit proof of immunization prior to admission of their child(ren) to a school do not apply to students being educated at home. Parents of children being homeschooled who seek to participate in testing or other school-sponsored events or activities not open to the general public on the premises of a public or nonpublic school must produce proof of immunization, without which the child(ren) must be denied access to the school building.

Medical Exemptions

Public Health Law §2164 only permits exemptions to immunization requirements for medical reasons. A student may continue to attend school without the required immunizations if they have a valid medical exemption accepted by the school.

A request for medical exemption to immunization must be completed annually on the [NYSDOH Medical Exemption Statement](#), ([Request for Medical Exemption SY22-23 \(nyc.gov\)](#) for New York City (NYC) schools) and signed by a physician licensed to practice medicine in NYS certifying that the immunization "may be detrimental" to the child's health. "May be detrimental to a child's health" means that the physician has determined the child has a medical contraindication or precaution to a specific immunization consistent with ACIP guidance ([ACIP Contraindications](#)

[Guidelines for Immunization | CDC](#)), or other nationally recognized evidence- based standard of care. [10 NYCRR §66-1.1(l)]

The request for medical exemption form, completed and signed by the physician, must contain sufficient information to identify a medical contraindication(s) for a specific immunization and specify the length of time the immunization is medically contraindicated pursuant to 10 NYCRR s §66-1.3(c). The principal or person in charge of a school may require additional information supporting the exemption request.⁴ Schools are encouraged to consult with their medical director to review requests for medical exemptions and to determine if additional documentation is required.

For additional information on medical exemptions, refer to the NYSDOH schools web site <https://www.health.ny.gov/prevention/immunization/schools/>.

When accepting a medical exemption, a letter of the acceptance from the principal or person in charge of a school should be provided to the parent/guardian. A copy of the letter should be kept in the student's cumulative health record (CHR). The letter must inform the parents/guardians of exempted students about the school's policy and procedures for exclusion of students with medical exemptions as ordered by the Commissioner of Health, or their designee, during the outbreak of a vaccine preventable disease for the vaccine(s) the student does not have. [10 NYCRR s §66-1.10(a)]

Schools that deny a request for medical exemption to immunizations must inform the parent/guardian of their decision in writing with the specific reason(s) for denial and inform the parent/guardian of their right to an appeal to the Commissioner of Education within 30 days of receipt of the school's decision, pursuant to Education Law §310. See [NYSED Appeals to the Commissioner](#) for more information.

Students Not Meeting Immunization Requirements

Students who don't have acceptable evidence of immunization or immunity and are not considered in process or who do not have an acceptable medical exemption must not be permitted to attend school. Schools should be aware of civil penalties that can be imposed on a school by NYSDOH if the school allows a student to attend school without the required immunizations. See [NYSDOH Letter to Schools Regarding Required Compliance with Public Health Law §2164](#).

Parents/guardians of students who do not meet the immunization requirements and cannot be admitted to school or permitted continued attendance (a.k.a., excluded) should be provided with:

- A verbal explanation and a written copy of the district or school policy.
- Written documentation specifying the immunization(s) their child is missing.
- A written letter informing the parent/guardian of the exclusion date if the missing immunizations are not received, written in the parent's/guardian's primary language.

Whenever a student is refused admittance or continued attendance due to the lack of acceptable evidence of immunizations, pursuant to 10 NYCRR s §66-1.8, the school must:

- Notify the parent/guardian of their responsibility to have the child immunized and of the public resources available for doing so;

⁴ 10 NYCRR §66-1.3(c).

- Notify the local department of health of the name and address of the excluded student and of the immunization(s) which the student is missing; and
- Provide, with the cooperation of the local department of health, for a time and place at which the required immunization or immunizations may be administered.

Pursuant to 10 NYCRR s §66-1.9, local departments of health must:

- Cooperate with the school authorities to provide a time and place, within two weeks of the exclusion, at which the appropriate immunization or immunizations may be administered, by a health practitioner as defined in §66-1.1(e); or
- Notify the NYSDOH Commissioner that the required immunizations will not be administered either by local health authority or school, and that the cost of doing so by the agents of the commissioner may be recovered from the amount of State aid to which the local health authority would otherwise be entitled.

Local departments of health and schools should consider the following when determining the place and time for administering missing immunizations:

- Public school Directors of School Health Services (a.k.a., medical director) who oversee school health services programs should be consulted prior to immunizations being administered in the school;
- Only RNs can follow a nonpatient specific order to administer immunizations. The RN must follow the requirements in NYSED Commissioner’s regulations §64.7(a) [[NYS Nursing:Laws, Rules & Regulations:Part 64 \(nysed.gov\)](#)], which includes the requirements that Health practitioners administering immunizations must be currently certified in cardiopulmonary resuscitation (CPR) and ensure that an anaphylactic agent is available;
- Schools are not mandated to employ a school nurse. The title “school nurse” is for an RN pursuant to NYSED Commissioner’s regulations § 136.1(c). If a school chooses to employ an LPN, such LPN must be under the direction of an RN. See the following memo for more information on LPNs and immunizations [Clarification about Administering Immunizations and Anaphylactic Agents by Registered Professional Nurses using Non-Patient Specific Orders and Protocols \(nysed.gov\)](#);
- Administering Schools have read-only access to NYSIIS and CIR. It is required that the ordering provider enters the immunization data into NYSIIS or CIR;
- Schools must obtain written parent/guardian consent prior to the administration of any immunizations in a school;
- A copy of a student's immunization administration at school will need to be kept in the student's CHR.

Schools should develop procedures for documenting all communication with parents/guardians, including efforts undertaken by school personnel to assist parents/guardians in meeting the immunization requirements for their child(ren). Schools should have policies in place regarding notifying Child Protective Services (CPS) if the student is of compulsory school age⁵ and has been excluded more than 14 days, if the parent refuses to allow the local department of health or

⁵ In New York State, § 3205 of the education law requires a child's attendance in full-time day instruction from the age of six to the end of the school year in which the child turns sixteen, or seventeen for school districts that select this age.

another appropriate health practitioner to immunize their child, and no actions steps are reported by the parent/guardian for pursuing other education options, such as homeschooling.

DOCUMENTATION/RECORDKEEPING

Schools must maintain an immunization record for each student, ideally as part of their cumulative health record (CHR). The CHR should be readily accessible to school personnel, especially for health emergencies.

Susceptible Students

Schools must also maintain a complete and current list of **susceptible students** who are at risk in the event of an outbreak of a vaccine preventable disease listed in Public Health Law §2164. The list of susceptible students must include all students who have a current medical exemption to immunization(s) as well as students who are in process or who are awaiting the results of serologic testing. The list must be updated each time a new student enrolls in the school or a student's immunization status changes. [10 NYCRR s §66-1.10(c)]

Confidentiality

Information contained in education records, including the CHR maintained by a public school, is governed by the federal Family Educational Rights and Privacy Act (FERPA). Any information released from education records to an outside entity where parent/guardian consent would normally be required, such as the local department of health in response to a public health threat, must be documented in the student's education record as required by FERPA. Nonpublic schools may be governed by FERPA and should consult with their school attorney regarding the release of information. Information on FERPA is available at [US Department of Education Family Educational Rights and Privacy Act](#).

Graduating Seniors

The NYS Education Department encourages high schools to forward a copy of students' immunization certificates at the same time final transcripts are sent to the colleges or universities. Additionally, high schools are encouraged to provide a copy of immunization certificates to all graduates to assist them in gaining employment or pursuing higher education at a later date. For more information, see [Memo on Immunization Certificates for High School Graduates](#).

The *Retention and Disposition Schedule for New York Local Government Records (LGS-1)* indicates the minimum length of time that all New York State local governments including cities, towns, villages, fire districts, counties, school districts, Boards of Cooperative Educational Services (BOCES), teacher resource and computer training centers, county vocational education and extension boards, and miscellaneous local governments, must retain their records before they may be disposed of legally. See the Health Section of the following for more information [Retention and Disposition Schedule for New York Local Government Records \(LGS-01\) 2020 \(schoolhealthny.com\)](#).

Students' individual immunization records must be kept for a minimum of six years, or three years after the student is 18 years of age, whichever is longer. These records may be requested beyond their minimum legal retention period by persons needing proof of certain immunizations for college admission or other purposes. The State Archives recommends that school districts and BOCES

evaluate the need to retain immunization records longer than the stated minimum retention period for these purposes.

Immunization Surveys

Pursuant to Education Law §914, in compliance with PHL §2164 and §613, all schools in the State must annually submit an immunization survey to the NYS Commissioner of Health utilizing the Health Commerce System on the NYSDOH website, or for schools located in New York City, as directed by the New York City Department of Health and Mental Hygiene. The Health Commerce System is a secure online communications system operated by the NYSDOH. The NYSDOH conducts annual surveys of school immunization records to determine the immunization level of students in school. It is mandatory for all schools to complete the immunization survey online annually and report the immunization status of all students in grades PreK-12.

The NYSDOH also may conduct special audits of school immunization records at any time to ensure that students are adequately protected against vaccine-preventable diseases. Each school must provide the NYS Commissioner of Health or their designee with any redacted immunization records and/or reports required for the purpose of such audit in compliance with applicable State and federal confidentiality laws. Further information and instructions are available on the New York State Center for School Health website: [Immunization Survey Information](#).

DISEASE SURVEILLANCE

In the event of the outbreak of a vaccine-preventable disease listed in Public Health Law §2164, the NYS Commissioner of Health or their designee (such as the local department of health), may order schools to exclude from attendance all **susceptible students** (described in more detail under the *Documentation/Record Keeping* section.) Susceptible students who are fully immunized against the disease that is posing the immediate threat and are considered susceptible because they are not fully immunized against another disease, do not need to be excluded. The exclusion will continue until the Commissioner of Health, or their designee determines it is permissible for such susceptible students to return to school. [DOH Commissioner's regulations §66-1.10]

During any communicable disease outbreak, it is recommended schools inform any staff member and the parent/guardian of any student who has a health condition that may put them at increased risk from exposure to a communicable disease (e.g., persons with immunosuppressed conditions, pregnancy, etc.) in coordination with the local department of health. Such persons should be instructed to contact their healthcare provider for direction related to possible exposure to the communicable disease. During such an outbreak it is best practice for schools, in collaboration with the local department of health, to also provide information and education to the entire school community about the disease, along with school policy and procedures related to communicable diseases including return to school requirements.

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