

Frequently Asked Questions About Immunizations for Schools

At what age does a student no longer need to provide proof of immunization?

All children, **between** the ages of two months and 18 years must show proof of compliance with the immunization requirements in Public Health Law Section 2164. Once a student reaches age 18, they are no longer required to show proof of immunization.

If a child is not in compliance, or does not present acceptable evidence of compliance, should we refuse to admit the child to school?

Yes. The principal or other person in charge of any school is required to do this. However, when a child/family has shown a good faith effort to obtain the necessary documentation, Public Health Law (PHL), Section 2164.7 allows for the provision of a limited period of attendance of 14 days. However, when the child is transferring from another state or country, the period may be extended to not more than 30 days. In general, the 4 days are considered to refer to calendar days.

Are blanket statements from other states acceptable proof of immunization?

No. The immunization record must be an official document from a health care provider indicating the immunizations given and the dates of administration.

Should a public school district include the immunization data from a private school in its school immunization survey summary report?

No. A public school district immunization survey summary report is a combined report of all the public schools within the district.

Is there a specific date that schools should use to determine the number of students that should be included on the survey form?

No. At the time that schools are completing their Annual School Survey Form for submission, all students enrolled at the school up to that point in time should be included on the survey form. Any students that enroll after that point should be included on the following year's survey.

If a day care has children that also attend a Head Start program, do they still need to include them on their survey from?

No, the Head Start program will report the children on their survey form.

Are there any exceptions to these immunization requirements?

There are two (2) exceptions. A child may be exempt from one or more of the required immunizations for medical or religious reasons.

What is a medical exemption?

A medical exemption is given when a valid contraindication to vaccination exists. The medical exemption must be certified by a physician licensed to practice in the State of New York and must specify which immunizations are contraindicated and detrimental to the student's health and why. Medical exemption requests should be reviewed annually. The Centers for Disease Control and Prevention publishes a Guide to Contraindications to Vaccination which is available on their website: www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm

What is a religious exemption?

A religious exemption is a written and signed statement from the parent, parents or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child. The principal or person in charge of the school may require supporting documents. The school decides whether to accept or reject the request for a religious exemption.

Does the State of New York allow a philosophical exemption?

No. New York State Public Health Law Section 2164 only allows for a medical or religious exemption.

If we receive immunization records from a school not located in New York State and the school indicates that the student is medically exempt, can we accept it?

No. Medical exemptions must be written by a physician licensed to practice in the State of New York. Medical exemptions cannot be transferred from another school.

Is a school required to verify if a physician is licensed to practice in New York State?

Although a school is not required to, the intent of the law is that the license should be verified and schools are strongly encouraged to do so as needed. This can be done using the New York State official web site (www.state.ny.us) on the "Licensing and Credentials" page, under "Professional Licensing" and "Professional Licensing Verification – Education Department." (or point your browser directly to http://www.op.nysed.gov/opsearches.htm).

Is serological evidence of immunity acceptable proof of immunization for school enrollment? A positive serology of only measles, mumps, rubella, hepatitis B or varicella/chickenpox is considered acceptable proof of immunization for school enrollment.

Can a student offer a prior history of varicella (chickenpox) as proof of their immunity to this disease?

Yes. Public Health Law Section 2164 allows a student to offer as proof of his or her immunity to varicella a medical history of prior varicella infection if documented by a health care provider (physician, physician assistant or nurse practitioner) or serology. The health care provider does not have to have seen the patient while sick with varicella, but just needs to decide if he/she can reasonably ascertain that the child had chickenpox.

Is a physician documented history of shingles acceptable proof of varicella disease? Yes.

Does a note written and signed by a doctor indicating a diagnosis of varicella need to have a date for the disease?

No. As long as the note or medical form is signed by the physician, nurse practitioner or physician assistant then the varicella diagnosis can be accepted.

If a student receives an MMR and then <28 days later receives varicella vaccine, is the varicella vaccine considered acceptable proof of immunity?

No. Two live virus vaccines should be separated by the minimum interval of 28 days between doses. The first vaccine given (in this case the MMR) is acceptable proof of immunity.

If MMR and varicella vaccines are given simultaneously are both doses of vaccine acceptable proof of immunity?

Yes.

If a physician, physician assistant, or nurse practitioner writes that the parent said the child had varicella disease, can we accept it?

No. Physicians, physician assistants, or nurse practitioners must write a note that indicates in their best judgment that the student has had varicella (chickenpox). The health care provider cannot simply write that the parent said the student had chickenpox. If a student's history of varicella disease is unclear, serology could be obtained to confirm immunity to disease.

Which immunization dates for measles, mumps, rubella and varicella are acceptable prior to the first birthday?

Immunization for measles, mumps, rubella and varicella are acceptable up to 4 days prior to the 1st birthday and later. Immunizations given 5 days or more before the first birthday for measles, mumps, rubella and varicella are not valid.

When is the 2 dose series for hepatitis B acceptable?

The 2 dose series is only valid for persons who received 2 documented doses of adult Recombivax HB® between the ages of 11 and 15 years.

When a student is in the process of completing immunizations, what are considered appropriately spaced appointments between doses?

The minimum recommended interval between doses should be used for students in process of completing immunizations in accordance with the Advisory Committee on Immunization Practices. See Catch-up immunization schedule at: www.cdc.gov/mmwr/preview/mmwrhtml/su6201a2.htm

If the student's immunization record is an electronic immunization registry record that denotes chickenpox disease, is this acceptable?

Yes. Immunization registry records are valid proofs of immunization and immunity.

If a student or parent presents a school health record from a previous school that has chickenpox checked off on it, is this acceptable proof of immunity?

No. A school health record must be accompanied by a copy of the immunization record or note from the physician, physician assistant or nurse practitioner indicating that the student has had varicella disease.