



CITY SCHOOL DISTRICT OF NEW ROCHELLE
HEALTH SERVICES DEPARTMENT
 515 NORTH AVENUE
 NEW ROCHELLE, NEW YORK 10801

2019-2020 School Year Immunization Requirements

Dear Parents/Guardians,

The Health Services Department oversees compliance with the New York State Public Health Law Section 2164, related to immunization requirements for school entry. In order to attend school, complete immunization records are required for all new students and updated Immunization records are required for students promoted to the following grades:

Grade 6 – Tdap booster

Grade 7 – 1st dose of meningococcal vaccine

Grade 12 – 2nd dose of meningococcal vaccine, given on or after age 16

Failure to provide acceptable evidence of immunization within fourteen days of entry may lead to exclusion from school. The period may be extended up to thirty days for those transferring from out-of-state or from abroad.

Students Entering Kindergarten, Grades 1, 2, 3, 4, and 5

Immunization	Number of Doses
Diphtheria/Tetanus/Pertussis (DTaP/ DTP)	5 doses or 4 doses if the 4th dose given at 4 years of age or older, or 3 doses if 7 years or older & series started at age 1 or older
Polio	4 doses or 3 doses if the 3rd dose given at 4 years of age or older
Measles/Mumps/Rubella (MMR)	2 doses
Hepatitis B	3 doses
Varicella (Chickenpox)	2 doses

Students Entering Grades 6, 7, 8, 9, 10, 11, and 12

Immunization	Number of Doses
Diphtheria/Tetanus/Pertussis (DTaP/DTP)	3 doses
Tetanus/Diphtheria/Pertussis (Tdap)	1 dose (required by age 11)
Polio	4 doses or 3 doses if the 3rd dose given at 4 years of age or older
Measles/Mumps/Rubella (MMR)	2 doses
Hepatitis B	3 doses or 2 doses of adult Hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
Varicella (Chickenpox)	2 doses
Meningococcal conjugate (MenACWY)	1 dose: Grades 7, 8, 9, & 10* 2 doses (or 1 dose if given on or after age 16): Grade 12 * Most of the students in grade 8, 9, and 10 will have already received the MenACWY vaccine dose in grade 7, unless transferred from out of state or out of country.

School Nurse:		School:
Phone #:	Fax:	Email: