

# NORTHERN ADIRONDACK CENTRAL SCHOOL

5572 Rte. 11 – P.O. Box 164  
Ellenburg Depot, NY 12935  
(518) 594-3986



Health Office  
Elementary School – ext. 2611  
Middle/High School – ext. 3611

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## NEW YORK STATE IMMUNIZATION REQUIREMENTS – GR. PK-12 ACKNOWLEDGMENT FORM

**I understand that if my child transfers from another school district, I have two weeks from the date of admission to produce an official record of my child's immunization in lieu of this, the following:**

- New York State licensed physician's certificate stating that the listed immunizations are detrimental to the child's health. This **MUST** specify which vaccine is detrimental and the length of time for the exemption.

Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019, prohibits a school from permitting any child to be admitted to such school, or to attend such school, in excess of 14 days without sufficient evidence that the child has received all age-appropriate required vaccinations. The 14 days may be extended to not more than 30 days where the student is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence **or** where the parent, guardian or any other person in parental relationship can demonstrate that a child has received the first age-appropriate dose in each immunization series and that they have age-appropriate scheduled appointments for follow-up doses to complete the immunization series in accordance with the CDC's Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 through 18.

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y.S. Public Law, Section 2164. I further understand that, under the law, if the school **DOES NOT** receive the evidence of immunization within the specified period, my child **WILL BE EXCLUDED** from school until such time as the evidence is received.

***You will find the New York State Immunization Requirements for School Entrance/Attendance from the Department of Health attached to this form. Please keep this as a reference.*** List your child's name below, then sign and return this acknowledgement to school which will be kept on file.

\_\_\_\_\_  
Student Name & Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

# 2020-21 School Year

## New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

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