

GRADES 11 - 12 COMPLETION INSTRUCTIONS

- Field 1** **Total Number of Students** – Enter the **total** number of students enrolled in grade 11 through 12, not only new enterers.
- Field 2** **Students Without Immunization Record** – Enter the number students who **do not** have an immunization record or any proof of immunity on file. **Do not count students who have medical or religious exemptions in this field.**
- Field 3** **Medical Exemption** – Enter the number of students who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not count students with medical exemptions in any other field.**
- Field 4** **Religious Exemption** – Enter the number of students who have a written and signed statement from a parent or guardian exempting them from immunization due to religious beliefs that has been approved by the school or day care. **Do not count students with religious exemptions in any other field.**
- * **Field 5** **Diphtheria** – Enter the number of students who have received three or more doses of diphtheria toxoid-containing vaccine.
- * **Field 6** **Polio** – Enter the number of students who have received three or more doses of polio-containing vaccine (IPV or OPV).
- * **Field 7** **Measles** – Enter the number of students who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or who have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or who have demonstrated serological evidence of immunity measles disease.
- * **Field 8** **Mumps** – Enter the number of students who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or who have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or who have demonstrated serological evidence of immunity to mumps disease.
- * **Field 9** **Rubella** – Enter the number of students who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or who have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- * **Field 10** **Hepatitis B** – Enter the number of students who have received either 2 doses of adult Recombivax hepatitis B vaccine or 3 doses of Recombivax HB or Engerix-B or have demonstrated serological evidence of immunity to hepatitis B disease. The two dose series is only valid for persons who received the 2 doses between the ages of 11 to 15 years.
- Field 11** **Completely Immunized** – Enter the number of students who meet all requirements for fields 5-10. Those entered in fields 2, 3 and 4 should not be counted in field 11. The number in field 11 cannot be greater than any number in fields 5-10.
- * **Field 12** **Varicella (chicken pox)** – Enter the number of students to grades 11 through 12 or any comparable age level special education program who were born on or after 1/1/94 and who have received 1 dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease. **Do not count these students in the Completely Immunized field.** Students born prior to 1/1/94 are not required to provide proof of immunity to varicella to be admitted/attend grades 11 through 12.
- Field 13** **In Process** – Enter the number of students who are in process of receiving immunizations or who have a verified appointment with a health care provider to receive one or more of the required immunizations.

* **Combined vaccines** – Students who received vaccines which combine more than one component such as MMR (measles, mumps and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), Dtap/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis Hib, polio and hepatitis B.