

## GRADE 9 & 10 COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

- Column #1 - # Enrolled Enterers** - Enter **only** those students who are new enterers. A new enterer is any of the following:
- a student who transfers from a public school in one school district to a public school in another school district,
  - a student who transfers from a public school to a private school either in or out of the district,
  - a student who transfers from a private to a public school either in or out of the district,
  - a student who transfers from a private school to another private school regardless of school district,
  - a student who transfers from out of country or out of state or,
  - a student who has left a school but returns to school the following year or later.
- Column #2 - Students Without Immunization Record** - Enter the number of new enterers who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of new enterers who have either a written medical or religious exemption. **Please keep separate list of all students who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those new enterers who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**
- Religious Exemption** - Enter only those new enterers who have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**
- \*Column #4 - Diphtheria** - Enter the number of new enterers who have received three or more doses of diphtheria toxoid-containing vaccines.
- \*Column #5 - Polio** - Enter the number of new enterers who have received three or more doses of polio containing vaccine (IPV or OPV).
- \*Column #6 - Measles** - Enter the number of new enterers 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 have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles disease.
- \*Column #7 - Mumps** - Enter the number of new enterers who have received one dose of mumps 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 mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \*Column #8 - Rubella** - Enter the number of new enterers who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- \*Column #9 - Hepatitis B** - Enter the number of new enterers 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.
- Column #10 - Completely Immunized** - Enter the number of new enterers who meet all requirements for each column 4-9. Those entered in columns 2 and 3 should not be included in column 10. The number in column 10 may be equal to or less than the lowest number entered in columns 4-9 but cannot exceed any number in those columns.
- \*Column #11 - Varicella (chicken pox)** – Enter the number of new enterers to grades 6 through 10 born on or after 1/1/94, (for Special Education students in gradeless classes enter those who were born on or after 1/1/94 **and** are age equivalent of grades 6 through 10) 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. **New Enterers include students who are repeating the grades 6 through 10.** Please note that any student born prior to January 1994 is **not required** to provide proof of immunity to varicella to be admitted/attend the grades 6 through 10.

**\*Combined vaccines** - Children 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.