

KINDERGARTEN COMPLETION INSTRUCTIONS

- Field 1** **Total Number of Students** – Enter the **total** number of students enrolled in kindergarten.
- 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. Four doses are required for students enrolled in any school in the City of New York.
- * **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 three doses of hepatitis B-containing vaccine, or have demonstrated serological evidence of immunity to hepatitis B disease.
- * **Field 11** **Varicella (chicken pox)** – Enter the number of students who have received one 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.
- Field 12** **Completely Immunized** – Enter the number of students who meet all requirements for fields 5-11. Those entered in fields 2, 3 and 4 should not be counted in field 12. The number in field 12 cannot be greater than any number in fields 5-11.
- * **Field 13** **Tetanus** – Enter the number of students who were born on or after 1/1/05 and who have received three or more doses of tetanus toxoid-containing vaccine. **Do not count these students in the Completely Immunized field.** Students born prior to 1/1/05 are not required to provide proof of immunity to tetanus.
- * **Field 14** **Pertussis (whooping cough)** – Enter the number of students who were born on or after 1/1/05 and who have received three or more doses of pertussis-containing vaccine. **Do not count these students in the Completely Immunized field.** Students born prior to 1/1/05 are not required to provide proof of immunity to pertussis.
- Field 15** **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.