

## PRE-K/DAYCARE 19 MONTHS OF AGE OR OLDER COMPLETION INSTRUCTIONS

- If you have before or after school children in your day care or pre-k program, please write “only school children” in the comment section and return the survey form.
- Day cares and pre-k programs must include immunization information on Universal Pre-k children on the survey form.

- Field 1** **Total Number of Children** — Enter the **total** number of pre-k children 19 months of age or older, including infants.
- Field 2** **Children Without Immunization Record** – Enter the number children who **do not** have an immunization record or any proof of immunity on file. **Do not count children who have medical or religious exemptions in this field.**
- Field 3** **Medical Exemption** – Enter the number of children who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not count children with medical exemptions in any other field.**
- Field 4** **Religious Exemption** – Enter the number of children 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 children with religious exemptions in any other field.**
- \* **Field 5** **Diphtheria** – Enter the number of children who have received three or more doses of diphtheria toxoid-containing vaccine. Four doses are required for children enrolled in any pre-k program in the City of New York.
- \* **Field 6** **Tetanus** – Enter the number of children who have received three or more doses of tetanus toxoid-containing vaccine.
- \* **Field 7** **Pertussis (whooping cough)** – Enter the number of children who have received three or more doses of pertussis-containing vaccine.
- \* **Field 8** **Polio** – Enter the number of children who have received three or more doses of polio-containing vaccine (IPV or OPV).
- \* **Field 9** **Measles** – Enter the number of children who have received one dose of measles 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 measles disease, or who have demonstrated serological evidence of immunity to measles disease.
- \* **Field 10** **Mumps** – Enter the number of children 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 11** **Rubella** – Enter the number of children 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 12** **Haemophilus influenzae type B (Hib)** – Enter the number of children who have received either 3 doses of Hib-containing vaccine at less than 15 months of age OR 1 dose of Hib-containing vaccine on or after 15 months of age.
- \* **Field 13** **Hepatitis B** – Enter the number of children who have received three doses of hepatitis B-containing vaccine, or have demonstrated serological evidence of immunity to hepatitis B disease.
- \* **Field 14** **Varicella (chicken pox)** – Enter the number of children who have received one dose of varicella vaccine no more than 4 days prior to the 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 15** **Completely Immunized** - Enter the number of children who meet all requirements for fields 5-14. Those entered in fields 2, 3 and 4 should not be counted in field 15. The number in field 15 cannot be greater than any number in fields 5-14.
- Field 16** **Pneumococcal** – Enter the number of children who were born on or after 1/1/08 and received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV vaccine charts in the School Survey Instruction Booklet. **Do not count these children in the Completely Immunized field.**
- Field 17** **In Process** – Enter the number of children 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** – 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.