



## INSTRUCTIONS FOR GRADES 6 THROUGH 12 SCHOOL IMMUNIZATION SURVEY WORKSHEET

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- Use this worksheet to help you fill out the survey form. DO NOT RETURN TO US.
- Make photocopies of this worksheet before filling it out if you know you will need more.
- Only transfer “Summary Totals” from the front of the last worksheet to the survey form.
- **The immunization status of all students in grades 6 through 12 should be included on this worksheet, not only new enterers.**

### TO COMPLETE THIS FORM

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- Column 1. Enter the name (last, first, middle initial) and birthday (month, day, year) for each student on a separate line.
- Column 2. Enter an “X” in the Students Without Immunization Record box for those students who do not have an immunization record or other proof of immunity on file. **Do not count students who have medical or religious exemptions in this column.**
- Column 3. Enter an “X” in the Medical Exemptions box for those 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 column.**
- Column 4. Enter an “X” in the Religious Exemptions box for those 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 pre-k program or day care. **Do not count students with religious exemptions in any other column.**
- Column 5. Enter an “X” in the Diphtheria box for those students who have received 3 or more doses of diphtheria toxoid-containing vaccine.
- Column 6. Enter an “X” in the Polio box for those students who have received 3 or more doses of polio-containing vaccine.
- Column 7. Enter an “X” in the Measles box for those students who have received 2 doses of measles vaccine, the first dose received 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.
- Column 8. Enter an “X” in the Mumps box for those students who have received 1 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.
- Column 9. Enter an “X” in the Rubella box for those students who have received 1 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. Diagnosis of disease is not acceptable proof of immunity to rubella.

- Column 10. Enter an “X” in the Hepatitis B box for those students who have received 3 doses of hepatitis B-containing vaccine or who have demonstrated serological evidence of immunity to hepatitis B disease.
- Column 11. Enter an “X” in the Varicella (Chickenpox) box for those students who have received 1 dose of varicella 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 varicella disease, or who have demonstrated serological evidence of immunity to varicella disease.
- Column 12. Enter an “X” in the Completely Immunized box for those students who meet all requirements for columns 5 through 11. Students counted in columns 2, 3 and 4 should not be counted in column 12. The number in column 12 cannot be greater than any number in columns 5 through 11.
- Column 13. Enter an “X” in the Varicella (Chickenpox) box for those students who are entering 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 enter grades 11 through 12.
- Column 14. Enter an “X” in the Tdap Booster box for those students who are entering grades 6 through 10 or any comparable age level special education program who were born on or after 1/1/94 and who have received a booster immunization containing tetanus and diphtheria toxoids, and pertussis vaccine. **Do not count these students in the Completely Immunized field.** Students born prior to 1/1/94 are not required to receive a Tdap booster to enter grades 6 through 10.
- Column 15. Enter an “X” in the In Process box for those students who are in the process of receiving immunizations or who have a verified appointment with a health care provider to receive one or more of the required immunizations.

### TABULATING THE DATA

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- Add the number of “X’s” in each column and enter the sub-totals on each page.  
Add the sub-totals for each page and enter the summary totals on the last page.  
Transfer all totals by grade onto the Survey Summary Form

**COMPLETE SURVEY BY OCTOBER 31, 2011**