

INSTRUCTIONS FOR KINDERGARTEN THROUGH GRADE 5 IMMUNIZATION SURVEY WORKSHEET

- 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 kindergarten through 5 should be included on this worksheet, not only new enterers.**

TO COMPLETE THIS FORM

- 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. Children 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 Tetanus box for those students who were born on or after 1/1/05 and who have received 3 or more doses of tetanus toxoid-containing vaccine. **Do not count these students in the Completely Immunized field.**
- Column 14. Enter an “X” in the Pertussis box for those students who meet the requirement for pertussis vaccine. Three doses of pertussis-containing vaccine is required for students 6 years of age or less and 1 dose of Tdap is required for students 7 years of age or older. Pertussis vaccine is only required for students entering kindergarten and grade 1 who were born on or after 1/1/05. **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.
- 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

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