



## INSTRUCTIONS FOR PRE-K/DAY CARE 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 children in pre-K/day care should be included on this worksheet.
- Keep a separate list of those children who have been granted either a medical or religious exemption.

### TO COMPLETE THIS FORM

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

- Column 10. Enter an “X” in the Mumps box for those children 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 11. Enter an “X” in the Rubella box for those children 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 12. Enter an “X” in the Haemophilus Influenza Type B (Hib) box for those 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.
- Column 13. Enter an “X” in the Hepatitis B box for those children who have received 3 doses of hepatitis B-containing vaccine or who have demonstrated serological evidence of immunity to hepatitis B disease.
- Column 14. Enter an “X” in the Varicella (Chickenpox) box for those children 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 15. Enter an “X” in the Completely Immunized box for those children who meet all requirements for columns 5 through 14. Children counted in columns 2, 3 and 4 should not be counted in column 15. The number in column 15 cannot be greater than any number in columns 5 through 14.
- Column 16. Enter an “X” in the Pneumococcal box for those children born on or after 1/1/08 who have received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV vaccine charts in the School Survey Instruction Booklet available at <http://www.health.ny.gov/prevention/immunization/schools/>. **Do not count these children in the Completely Immunized field.**
- Column 17. Enter an “X” in the In Process box for those children 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**