

# Group Family Day Care Immunization Survey

GROUP FAMILY DAY CARE ID# \_\_\_\_\_

GROUP FAMILY DAY CARE NAME: \_\_\_\_\_

GROUP FAMILY DAY CARE ADDRESS: \_\_\_\_\_

If the pre-printed information above is incorrect, please print the correct name and/or address here:

\_\_\_\_\_  
\_\_\_\_\_

Has this facility been closed (permanently or temporarily)? \_\_\_\_\_

**Due Date: May 5**

New York State Public Health Law Section 2164 requires that this form be completed.  
Instructions for completing the survey are located in the survey packet.

## CHILDREN LESS THAN 1 YEAR OF AGE

- 1   Total number of children
- 2   Children without immunization record
- 3   Medical Exemption
- 4   Religious Exemption
- 5   Diphtheria, Tetanus and Pertussis (DTaP)
- 6   Polio
- 7   Haemophilus influenzae type b
- 8   Hepatitis B
- 9   Pneumococcal
- 10   Completely Immunized
- 11   In Process

## CHILDREN 1 YEAR OF AGE AND OLDER

- 1   Total number of children
- 2   Children without immunization record
- 3   Medical Exemption
- 4   Religious Exemption
- 5   Diphtheria, Tetanus and Pertussis (DTaP)
- 6   Polio
- 7   Measles, Mumps and Rubella (MMR)
- 8   Haemophilus influenzae type b
- 9   Hepatitis B
- 10   Varicella
- 11   Pneumococcal
- 12   Completely Immunized
- 13   In Process

Contact Person for the Facility: \_\_\_\_\_ Home or Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

I certify that the data is complete and accurate to the best of my knowledge.

Facility Owner or Administrator Name: \_\_\_\_\_

Owner or Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_