

# Immunization Worksheet For Grades K-12

Completion Instructions on the Reverse Side

Do Not Return This Form

Keep For Your Records

School Name (Grades K-12) \_\_\_\_\_

Room \_\_\_\_\_  am  pm

Grade \_\_\_\_\_

Total Enrollment \_\_\_\_\_

Prepared By \_\_\_\_\_

1		2		3		4		5		6		7		8		9		10		11		12		13		
Enrolled Enterers		Students Without Immunization Record		Exemptions		Diphtheria		Polio		Measles		Mumps		Rubella		Hepatitis B		Varicella (Chickenpox)		Completely Immunized*		Varicella (Chickenpox)		Tdap Booster Tetanus, Diphtheria and Pertussis		
				Medical	Religious	3 or more doses		3 or more doses		2 doses or serology or health care provider DX		1 dose or serology or health care provider DX		1 dose or serology		Students enrolling in grades kindergarten through 12  3 doses or 2 doses of adult Recombivax or serology  (2 dose series only acceptable for 11-15 yr olds)		Students in Grades K-5  1 dose or serology or health care provider DX		Students who meet all the requirements for columns 4-10		Students enrolling in grades 6-10 who were born on or after 1/1/94  1 dose or serology or health care provider DX		Students enrolling in grades 6 through 8 who were born on or after 1/1/94  1 dose		
				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES

## INSTRUCTIONS FOR SCHOOL IMMUNIZATION SURVEY WORKSHEET FOR GRADES K-12

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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 kindergarten through 6 should be included on this worksheet, not only new enterers.**
- For grades 7 through 12, only those defined in the School Survey Instruction Booklet as new enterers should be included on this worksheet

### 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. If there is no immunization information on the school record, mark an “X” in the “No Record” box in Column 2. Do not postpone filling out the worksheet and survey form while awaiting anyone’s immunization record.
- Column 3. If the student has a medical or religious exemption from immunization mark an “X” in the appropriate box of Column 3. Although the student may have received some immunizations, enter him/her in Column 3 only. **Do not enter him/her in any other column.**
- NOTE: PLEASE KEEP A SEPARATE LIST OF THOSE WHO HAVE BEEN GRANTED EITHER A MEDICAL OR RELIGIOUS EXEMPTION.**
- Column 4. Diphtheria - Enter those students who have received 3 or more doses of diphtheria toxoid containing vaccine.
- Column 5. Polio - Enter those students who have received 3 or more doses of polio containing vaccine.
- Column 6. Measles - Enter those students who have received 2 doses of measles vaccine 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. The first dose of measles vaccine must have been given no more than 4 days prior to the first birthday.
- Column 7. Mumps - Enter 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 8. Rubella - Enter 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. Physician diagnosis is not acceptable as proof of immunity for rubella disease.

- Column 9. Hepatitis B - Enter those students who have received 2 or 3 doses of Hepatitis B vaccine or who have demonstrated serological evidence of immunity to Hepatitis B disease. **A two dose series is only acceptable for persons 11-15 years of age.**
- Column 10. Varicella (Chickenpox) - Enter those students in grades kindergarten through 5 who have received 1 dose of varicella vaccine no more than 4 days prior to the 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 11. Completely Immunized - Enter those students who meet all requirements for each column. Those entered in columns 2 and 3 should not be included in column 11. The number in column 11 may be equal to or less than any number entered in columns 4, 5, 6, 7, 8, 9 or 10 but may not exceed the lowest number entered in any of these columns.
- Column 12. Varicella - Enter those students in grades 6 through 10 who were born on or after January 1, 1994 and who have received 1 dose of varicella vaccine no more than 4 days prior to the 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. **Do not include students in grades 6 through 10 who have provided proof of immunity for varicella in the completely immunized column.**
- Column 13. Tdap Booster - Enter those students who received a booster immunization containing tetanus and diphtheria toxoids and pertussis vaccine if they were born on or after 1/1/94 and entering grades 6 through 8 or any comparable age level special education school or program. **Do not include students in grades 6 through 8 who have had a Tdap booster in the completely immunized column.**

### TABULATING THE DATA

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Add the number of yes/no answers 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, 2009**