

INSTRUCTIONS FOR PRE-K/DAY CARE 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.

TO COMPLETE THIS FORM

Column 1. Enter the name (last, first, middle initial) and birthday (month, day, year) for each child/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 child or student has a medical or religious exemption from immunization mark an “X” in the appropriate box of Column 3. Although the child/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 children who have received 3 or more doses of diphtheria toxoid containing vaccine.

Column 5. Polio - Enter those children who have received 3 or more doses of polio containing vaccine.

Column 6. Measles - Enter those children who have received 1 dose of measles 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 measles disease, or who have demonstrated serological evidence of immunity to measles disease.

Column 7. Mumps - Enter 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 8. Rubella - Enter 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. Physician diagnosis is not acceptable as proof of immunity for rubella disease.

Column 9. Haemophilus influenzae type b (Hib) - Enter those children who have received either 3 doses of Hib given when he or she was less than 15 months of age OR 1 dose of Hib given on or after 15 months of age.

Column 10. Hepatitis B - Enter those children who have received 3 doses of hepatitis B vaccine or who have demonstrated serological evidence of immunity to hepatitis B disease.

Column 11. Varicella - Enter those children who have received 1 dose of varicella vaccine, 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. Completely immunized - Enter those children who meet all requirements for each column. Those entered in columns 2 and 3 should not be included in column 12. The number in column 12 may be equal to or less than any number entered in columns 4, 5, 6, 7, 8, 9, 10 or 11 but may not exceed the lowest number entered in any of these columns.

Column 13. Tetanus - Enter those children born on or after 1/1/05 who have received 3 or more doses of tetanus toxoid containing vaccine.

Column 14. Pertussis - Enter those children born on or after 1/1/05 who have received 3 or more doses of pertussis containing vaccine.

Column 15. Pneumococcal - Enter 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 PCV7 vaccine chart in the survey packet.

TABULATING THE DATA

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