School Immunization Survey Vaccine Specific Exemptions Worksheet for Kindergarten through Grade 5

- Use this worksheet to help you fill out the survey form. **DO NOT RETURN TO US**. **Keep for your records.**
- 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.

School Name_____ Grade_____ Page ____ of ____

Student Name	**Medical Exemptions**					**Religious Exemptions**				
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
	DTaP Vaccine	**Polio Vaccine**	**MMR Vaccine**	**Hepatitis B Vaccine**	**Varicella Vaccine**	**DTaP Vaccine**	**Polio Vaccine**	**MMR Vaccine**	**Hepatitis B Vaccine**	**Varicella Vaccine**
Example: Joe I. Smith								**X**	**X**	**X**
Subtotals for page										
Summary Totals										

Instructions:

Student Name: Enter the name for each student who has a medical or religious exemption to immunization on a separate line.

Exemption Vaccine Fields 1 through 10: Enter an "X" in the boxes under the appropriate vaccine fields for which each student has a valid medical or religious exemption.

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.