

INSTRUCTIONS FOR GRADES 8 THROUGH 12 SCHOOL 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.
- **The immunization status of all students in grades 8 through 12 should be included on this worksheet, not only new enterers.**
- **Grades 8 through 12 in the 2015-16 school year must meet requirements of the regulations that were in effect prior to 7/1/2014. Intervals between doses of vaccine do not need to be reviewed for grades 8 through 12.**

TO COMPLETE THIS FORM

Column 1. Enter the name (last, first, middle initial) and birthday (month, day, year) for each student on a separate line.

Column 2. Enter an “X” in the Students Without Immunization Record box for those students who do not have an immunization record or other proof of immunity on file. **Do not count students who do not have an immunization record in columns 5 through 14. Do not count students who have medical or religious exemptions in this column.**

Column 3. Enter an “X” in the Medical Exemptions box for those students who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not count students with medical exemptions in columns 5 through 14.**

Column 4. Enter an “X” in the Religious Exemptions box for those students 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 school. **Do not count students with religious exemptions in columns 5 through 14.**

Column 5. Enter an “X” in the Diphtheria box for those students who have received 3 or more doses of diphtheria toxoid-containing vaccine.

Column 6. Enter an “X” in the Polio box for those students who have received 3 or more doses of polio-containing vaccine or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease.

Column 7. Enter an “X” in the Measles box for those students who have received 2 doses of measles vaccine, the first of which must have been received more than 4 days prior to their first birthday, or who have demonstrated serological evidence of immunity to measles disease.

Column 8. Enter an “X” in the Mumps box for those students who have received at least 1 dose of mumps vaccine no more than 4 days prior to their first birthday, or who have demonstrated serological evidence of immunity to mumps disease.

Column 9. Enter an “X” in the Rubella box for those students who have received at least 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.

Column 10. Enter an “X” in the Hepatitis B box for those students who have received 3 doses of hepatitis B-containing vaccine or 2 doses of adult Recombivax. The 2 dose series is only acceptable for students who received the 2 doses between the ages of 11 and 15 years. Serological evidence of immunity to hepatitis B disease is also acceptable proof of immunity for school attendance.

Column 11. Enter an “X” in the Varicella (Chickenpox) box for those students 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 12. Enter an “X” in the Tdap Booster box for those students who have received a booster immunization containing tetanus and diphtheria toxoids, and pertussis vaccine.

Column 13. Enter an “X” in the Completely Immunized box for those students who meet all requirements for columns 5 through 12. Students counted in columns 2, 3 and 4 should not be counted in column 13. The number in column 13 cannot be greater than any number in columns 5 through 12.

Column 14. Enter an “X” in the In Process box for those children who are not completely immunized and who have received at least 1 dose of the following vaccines: diphtheria-toxoid containing vaccine, polio vaccine, hepatitis B vaccine; have met the requirements for measles, mumps, rubella and varicella vaccines; and have appointments to receive the remainder of the immunizations.

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