Immunization Worksheet for Kindergarten and Grades 1 and 2

Completion Instructions on the Reverse Side | **Do Not Return This Form** | **Keep For Your Records**

School Name _____

Room _____ ☐ am ☐ pm Total Enrollment _____ Prepared By _____

1		2	3	4	5	6	7	8	9	10	11	12	13
Total Number of Students		Students Without Immunization Record	Medical Exemptions	Religious Exemptions	Diphtheria, Tetanus, Pertussis (DTaP)	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella (Chickenpox)	Completely Immunized*	In Process
					5 doses of DTaP vaccine or 4 doses with the 4th dose on or after the 4th birthday	4 doses of polio-containing vaccine or 3 doses with the 3rd dose on or after the 4th birthday or serology	2 doses or serology	2 doses or serology	At least 1 dose or serology	3 doses or serology	2 doses or serology or health care provider diagnosis	Students who meet all the requirements for columns 5-11	
Name	DOB												
Sub-total this page													
Summary Totals													
Number of students this page _____													

* Completely immunized – Enter the number of students who meet all requirements for columns 5-11. Those entered in column 2 should not be included in column 12. The number in column 12 cannot be greater than any number in columns 5 through 11.

INSTRUCTIONS FOR KINDERGARTEN AND GRADES 1 AND 2 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 kindergarten and grades 1 and 2 should be included on this worksheet, not only new enterers.**
- **Intervals between doses of vaccine must be in accordance with the Advisory Committee for Immunization Practices (ACIP) Recommended Immunization Schedules for Persons 0 Through 18 Years of Age.**

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 13. 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.

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.

Column 5. Enter an "X" in the Diphtheria, Tetanus and Pertussis (DTaP) box for those students who have received 5 doses of DTaP vaccine or 4 doses with the 4th dose on or after the 4th birthday. The final dose must have been received at 4 years of age or older.

Column 6. Enter an "X" in the Polio box for those students who have received 4 doses of polio vaccine or 3 doses with the 3rd dose on or after the 4th birthday. The final dose must have been received at 4 years of age or older. Serological evidence of immunity to all 3 serotypes of polio is also acceptable proof of immunity to 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 no 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 2 doses of mumps vaccine, the first of which must have been received 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 vaccine or who have demonstrated serological evidence of immunity to hepatitis B disease.

Column 11. Enter an "X" in the Varicella (Chickenpox) box for those students who have received 2 doses of varicella vaccine, the first of which must have been received 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 Completely Immunized box for those students who meet all requirements for columns 5 through 11. Children counted in column 2 should not be counted in column 12. The number in column 12 cannot be greater than any number in columns 5 through 11.

Column 13. Enter an "X" in the In Process box for those children who are not completely immunized and who have received at least the first dose of each required vaccine series and have age appropriate appointments to complete the series according to the ACIP catch-up schedule.

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.