

Immunization Worksheet for Pre-k/Day Care for Children 1 Year of Age and Older

Completion Instructions on the Reverse Side

Do Not Return This Form

Keep For Your Records

Pre-k/Day Care _____

Room _____ am pm

Total Enrollment _____

Prepared By _____

1		2	3	4	5	6	7	8	9	10	11	12	13	14	15																						
Total Number of Children		Children Without Immunization Record	Medical Exemptions	Religious Exemptions	Diphtheria Tetanus Pertussis (DTaP)	Polio	Measles	Mumps	Rubella	Haemophilus Influenzae Type B (Hib)	Hepatitis B	Varicella (Chickenpox)	Pneumo-coccal (PCV)	Completely Immunized	In Process																						
Name		DOB																																			
																		4 doses as age appropriate		3 doses as age appropriate or serology		1 dose or serology		1 dose or serology		1 dose or serology		Refer to the Immunization Requirement Chart in the School Survey Instruction Booklet for appropriate doses		3 doses as age appropriate or serology		1 dose or serology or health care provider diagnosis		Refer to the PCV chart in the School Survey Instruction Booklet for appropriate doses		Children who meet all the requirements for columns 5-13	
Sub-total this page																																					
Summary Totals																																					
Number of children this page _____																																					

* Completely immunized – Enter the number of children who meet all requirements for columns 5 through 13. Those entered in column 2 should not be included in column 14. The number in column 14 cannot be greater than any number entered in columns 5 through 13.

INSTRUCTIONS FOR PRE-K/DAY CARE FOR CHILDREN 1 YEAR OF AGE AND OLDER 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 children 1 year of age and older in pre-k/day care should be included on this worksheet.
- **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 child on a separate line. | Column 9. | Enter an “X” in the Rubella box for 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. |
| Column 2. | Enter an “X” in the Children Without Immunization Record box for those children 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 15. Do not count children who have medical or religious exemptions in this column. | Column 10. | Enter an “X” in the Haemophilus influenzae type B (Hib) box for those children who have received the appropriate number of doses of Hib vaccine. Refer to the Immunization Requirements chart in the School Survey Instruction Booklet available at http://www.health.ny.gov/prevention/immunization/schools . |
| Column 3. | Enter an “X” in the Medical Exemptions box for those children who have a medical exemption from a physician licensed to practice medicine in the State of New York. | Column 11. | Enter an “X” in the Hepatitis B box for those children who have received 3 doses of hepatitis B vaccine as age appropriate or who have demonstrated serological evidence of immunity to hepatitis B disease. |
| Column 4. | Enter an “X” in the Religious Exemptions box for those children 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 pre-k program or day care. | Column 12. | Enter an “X” in the Varicella (Chickenpox) box for those children 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 5. | Enter an “X” in the Diphtheria, Tetanus, and Pertussis (DTaP) box for those children who have received 4 doses of DTaP vaccine as age appropriate. | Column 13. | Enter an “X” in the Pneumococcal (PCV) box for those children who have received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV vaccine chart in the School Survey Instruction Booklet available at http://www.health.ny.gov/prevention/immunization/schools/ . |
| Column 6. | Enter an “X” in the Polio box for those children who have received 3 doses of polio vaccine as age appropriate or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease. | Column 14. | Enter an “X” in the Completely Immunized box for those children who meet all requirements for columns 5 through 13. Children counted in column 2 should not be counted in column 14. The number in column 14 cannot be greater than any number in columns 5 through 13. |
| Column 7. | Enter an “X” in the Measles box for those children who have received 1 dose of measles vaccine no more than 4 days prior to their first birthday or who demonstrated serological evidence of immunity to measles disease. | Column 15. | Enter an “X” in the In Process box for those children who are not age appropriately 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. |
| Column 8. | Enter an “X” in the Mumps box for those children who have received 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. | | |

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