

## School Immunization Survey Vaccine Specific Exemptions Worksheet for Grades 6 through 12

- 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						
	1	2	3	4	5	6	7
	DTaP Vaccine	Polio Vaccine	MMR Vaccine	Hepatitis B Vaccine	Varicella Vaccine	Tdap Vaccine	MenACWY Vaccine
<b>Example: Joe I. Smith</b>							
<b>Subtotals for page</b>							
<b>Summary Totals</b>							

**Instructions:**

**Student Name:** Per line enter the name for each student who has a medical exemption to immunization.

**Exemption Vaccine Fields 1 through 7:** Enter an “X” in the boxes under the appropriate vaccine fields for which each student that has a valid medical 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.