School Immunization Survey Vaccine Specific Exemptions Worksheet for Prekindergarten and Day Care

- 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.

Prekindergarten or Day Care Name_____ Page _____ of _____

Student Name	Medical Exemptions						
	1	2	3	4	5	6	7
	DTaP Vaccine	Polio Vaccine	MMR Vaccine (only for 1 year and older)	Hepatitis B Vaccine	Varicella Vaccine (only for 1 year and older)	Haemophilus Influenzae type B	Pneumococcal Vaccine (PCV)
Example: Joe I. Smith			X	X	X		
Sub-total this page							
Summary Totals							

Instructions

Student Name: Enter the name for each student who has a medical exemption to immunization on a separate line.
Exemption Vaccine Fields 1 through 7: Enter an "X" in the boxes under the appropriate vaccine fields for which each student 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.

(10/19)