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 ______

<table>
<thead>
<tr>
<th>Student Name</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DTaP Vaccine</td>
<td>Polio Vaccine</td>
<td>MMR Vaccine (only for 1 year and older)</td>
<td>Hepatitis B Vaccine</td>
<td>Varicella Vaccine (only for 1 year and older)</td>
<td>Haemophilus Influenzae type B</td>
<td>Pneumococcal Vaccine (PCV)</td>
</tr>
<tr>
<td>Example: Joe I. Smith</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

(10/20)