### Immunization Worksheet for Grade 12

#### Completion Instructions on the Reverse Side

---

**Do Not Return This Form**

Keep For Your Records

---

**School Name:**

**Room:**

**Grade:**

**Total Enrollment:**

**Prepared By:**

---

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students Without Immunization Record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Exemptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria (DTaP/DT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap Booster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria and Pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completely Immunized*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Name**

**DOB**

---

Sub-total this page

Summary Totals

Number of students this page

---

* Completely Immunized – Enter an "X" in the Completely Immunized box for those students who meet all requirements for columns 4 through 12. Students counted in column 2 should not be counted in column 13.

---

(10/19) Page 1 of 2
INSTRUCTIONS FOR GRADE 12 SCHOOL 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 grade 12 should be included on this worksheet, not only new enterers.
• Grade 12 in the 2019-20 school year must meet requirements of the regulations that were in effect prior to 7/1/2014. Intervals between doses of vaccine do not need to be reviewed for grade 12.

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 4 through 14. Do not count students who have medical 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 Diphtheria box for those students who have received 3 or more doses of diphtheria toxoid-containing vaccine.

Column 5. Enter an “X” in the Polio box for those students who have received 3 or more doses of polio vaccine or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease accepted prior to September 1, 2019.

Column 6. 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 more than 4 days prior to their first birthday, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of measles disease.

Column 7. Enter an “X” in the Mumps box for those students who have received at least 1 dose of mumps vaccine no more than 4 days prior to their first birthday, or who have demonstrated serologic evidence of immunity to or laboratory confirmation of mumps disease.

Column 8. 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 serologic evidence of immunity to or laboratory confirmation of rubella disease.

Column 9. Enter an “X” in the Hepatitis B box for those students who have received 3 doses of hepatitis B vaccine or 2 doses of adult Recombivax. The 2 dose series is only acceptable for students who received the 2 doses between the ages of 11 and 15 years. Serological evidence of immunity to hepatitis B disease is also acceptable proof of immunity for school attendance.

Column 10. Enter an “X” in the Varicella (Chickenpox) box for those students 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 serologic evidence of immunity to or laboratory confirmation of varicella disease.

Column 11. Enter an “X” in the Tdap Booster box for those students who have received a dose of Tdap.

Column 12. Enter an “X” in the MenACWY box for those students enrolled in grade 12 who have received either 2 doses of MenACWY vaccine or 1 dose of MenACWY vaccine, if the first dose was received on or after 16 years of age.

Column 13. Enter an “X” in the Completely Immunized box for those students who meet all requirements for columns 4 through 12. Students counted in column 2 should not be counted in column 13.

Column 14. Enter an “X” in the In Process box for those students who are not completely immunized and who have received at least the first dose of each required vaccine series and have appropriate appointments to complete the series according to the ACIP catch-up schedule.

Column 15. Enter an “X” in the Homeless Students box for those students who are considered homeless under McKinney Vento.

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 Summary Survey Form.