

Immunization Worksheet for Grade 7

Completion Instructions on the Reverse Side **Do Not Return This Form** **Keep For Your Records**

School Name _____

Room _____ am pm Grade _____ Total Enrollment _____

Prepared By _____

1		2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Number of Students		Students Without Immunization Record	Medical Exemptions	Diphtheria (DTaP/DT)	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella (Chickenpox)	Tdap Booster Tetanus, Diphtheria and Pertussis	MenACWY	Completely Immunized*	In Process	Homeless Students
				3 or more doses	4 doses of polio-containing vaccine or 3 doses with the 3rd dose on or after the 4th birthday or serology	2 doses or serology or lab confirmation	2 doses or serology or lab confirmation	At least 1 dose or serology or lab confirmation	3 doses or 2 doses of adult Recombivax or serology (2 dose series only acceptable for 11-15 yr olds)	2 doses or serology or lab confirmation or health care provider diagnosis	1 dose on or after the 10 th birthday	1 dose	Students who meet all the requirements for columns 4-12		Students considered homeless under McKinney Vento
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

INSTRUCTIONS FOR GRADE 7 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 7 must be included on this worksheet, not only new enterers.**
- **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.**
- **For children who are behind or started late, refer to the Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind in the School Survey Instruction Booklet available at: <http://www.health.ny.gov/prevention/immunization/schools>.**

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, Tetanus and Pertussis (DTaP) box for those students who have received 5 doses of DTaP vaccine or 4 doses with the 4th dose on or after the 4th birthday, or 3 doses if 7 years or older and the series was started at 1 year or older. The final dose must have been received at 4 years of age or older.

Column 5. Enter an “X” in the Polio box for those students who have received 4 doses of polio vaccine or 3 doses with the 3rd dose on or after the 4th birthday. The final dose must have been received at 4 years of age or older. Serological evidence of immunity to all 3 serotypes of polio is also acceptable proof of immunity to 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 no 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 2 doses of mumps vaccine, the first of which must have been received 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 2 doses of varicella vaccine, the first of which must have been received 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 who have received a dose of MenACWY vaccine.

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. The number in column 13 cannot be greater than any number in columns 4 through 12.

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 age 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 Survey Summary Form