

INSTRUCTIONS FOR PRE-K/DAY CARE FOR CHILDREN 1 YEAR OF AGE AND OLDER 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 children 1 year of age and older in pre-k/day care should be included on this worksheet.
- **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.**

TO COMPLETE THIS FORM

Column 1. Enter the name (last, first, middle initial) and birthday (month, day, year) for each child on a separate line.

Column 2. Enter an “X” in the Children Without Immunization Record box for those children 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 children who have medical exemptions in this column.**

Column 3. Enter an “X” in the Medical Exemptions box for those children 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 children who have received 4 doses of DTaP vaccine as age appropriate.

Column 5. Enter an “X” in the Polio box for those children who have received 3 doses of polio vaccine as age appropriate 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 children who have received 1 dose of measles vaccine no more than 4 days prior to their first birthday or who demonstrated serologic evidence of immunity to or laboratory confirmation of measles disease.

Column 7. Enter an “X” in the Mumps box for those children who have received 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 children who have received 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 Haemophilus influenzae type B (Hib) box for those children who have received the appropriate number of doses of Hib vaccine. Refer to the Immunization Requirements chart in the School Survey Instruction Booklet available at <http://www.health.ny.gov/prevention/immunization/schools>.

Column 10. Enter an “X” in the Hepatitis B box for those children who have received 3 doses of hepatitis B vaccine as age appropriate or who have demonstrated serological evidence of immunity to hepatitis B disease.

Column 11. Enter an “X” in the Varicella (Chickenpox) box for those children 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 12. Enter an “X” in the Pneumococcal (PCV) box for those children who have received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV vaccine chart in the School Survey Instruction Booklet available at <http://www.health.ny.gov/prevention/immunization/schools/>.

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

Column 14. Enter an “X” in the In Process box for those children who are not age appropriately 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 Children box for those children 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