Immunization Worksheet for Group Family Day Cares for Children 1 Year of Age and Older

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

Day Care _____

Room _____ ☐ am　　☐ pm　　Total Enrollment _____　Prepared By _____

	1		2	3	4	5	6	7	8	9	10	11	12	13
	Total Number of Children		Children Without Immunization Record	Medical Exemptions	Religious Exemptions	Diphtheria Tetanus Pertussis (DTaP)	Polio	Measles Mumps Rubella (MMR)	Haemophilus Influenzae Type B (Hib)	Hepatitis B	Varicella (Chickenpox)	Pneumo-coccal (PCV)	Completely Immunized	In Process
						4 doses as age appropriate	3 doses as age appropriate or serology	1 dose or serology	4 doses as age appropriate. Refer to the Immunization Requirement Chart in the school survey packet	3 doses as age appropriate or serology	1 dose or serology or health care provider diagnosis	Refer to the PCV chart in the school survey packet for appropriate doses	Children who meet all the requirements for columns 5-11	
Name		DOB												
Sub-total this page														
Summary Totals														
Number of children this page _____														

* Completely immunized – Enter the number of children who meet all requirements for columns 5 through 11. Those entered in column 2 should not be included in column 12.
　The sub-totals/summary totals recorded for column 12 cannot be greater than any of the sub-totals/summary totals recorded for columns 5 through 11.

INSTRUCTIONS FOR GROUP FAMILY DAY CARES 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. Please keep a copy 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.
- The immunization status of all children 1 year of age and older in day care should be included on this worksheet.
- Keep a separate list of those children who have been granted either a medical or religious exemption.
- **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 5 through 13.**

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 Religious Exemptions box for those children who have a written and signed statement from a parent or guardian exempting them from immunization due to religious beliefs that has been approved by the pre-k program or day care.

Column 5.   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 6.   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.

Column 7.   Enter an "X" in the Measles , Mumps, Rubella (MMR) box for those children who have received 1 dose of MMR vaccine no more than 4 days prior to their first birthday or who demonstrated serological evidence of immunity to measles, mumps and rubella diseases.

Column 8.   Enter an "X" in the Haemophilus influenza type B (Hib) box for those children who have received 4 doses of Hib vaccine as age appropriate. Refer to the Immunization Requirements chart in the school survey packet.

Column 9.   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 10.   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 serological evidence of immunity to varicella disease.

Column 11.   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 packet.

Column 12.   Enter an "X" in the Completely Immunized box for those children who meet all requirements for columns 5 through 11. Children counted in column 2 should not be counted in column 12. The number in column 12 cannot be greater than any number in columns 5 through 11.

Column 13.   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.

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