

New York State Department of Health School Immunization Worksheet for Day Care and Pre-K

Completion Instructions on Page 2

Do Not Return This Form

Keep For Your Records

Day Care/Pre-K Name _____

Room _____ Class _____

Total Enrollment _____

Prepared By _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Number of Children	Children Without Immunization Record	Medical Exemptions	Diphtheria Tetanus Pertussis (DTaP)	Polio	Measles	Mumps	Rubella	Haemophilus Influenzae Type B (Hib)	Hepatitis B	Varicella (Chickenpox)	Pneumo-coccal (PCV)	Completely Immunized	In Process	Homeless Children
	Students with no proof of immunity	Students with a valid DOH-5077 on file	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	See criteria on Page 2	Children who meet all the requirements for columns 4-12	See criteria on Page 2	Children who are considered homeless under McKinney Vento
Name														
DOB														
Sub-total this page _____														
Summary Totals _____														
Number of students this page _____														

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.

SEROLOGY

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Hx OF DISEASE

INSTRUCTIONS FOR SCHOOL IMMUNIZATION WORKSHEET DAY CARE AND PRE-K

- Use this worksheet to help you fill out the survey form. This worksheet is for your own records and does not need to be returned.
- Only transfer "Summary Totals" from the front of the last worksheet to the survey form.
- The immunization status of all children in Pre-K/Day Care should be included, 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 available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

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 (form DOH-5077) 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: Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.

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. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.

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 have 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. Please see 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance (ny.gov) for full schedule.

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. Please see 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance (ny.gov) for full schedule.

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. Please see 2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance (ny.gov) for full schedule.

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