

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Immunization Worksheet and Survey Instructions
Child Care Center/Nursery/Preschool

(Surveys must be submitted no later than October 28, 2016)

Part I: Filling out the worksheet

Complete the attached worksheet for CHILDREN AGE 2 AND OLDER (**do not include children enrolled in “before-school” or “after-school” programs**). Indicate with a check mark under each vaccine the total number of doses each child has received. **Please mark only one box for each vaccine.** Acceptable information must include month and year of each immunization. If this is unknown, then do not mark any box. **See example below. If your program is licensed by EEC, you must also answer questions regarding staff immunizations. Refer to the staff immunization instructions and worksheet before completing the survey.**

- A. *For varicella*, indicate **whether** the child received 1 dose of varicella vaccine **OR** if he or she has a physician-certified reliable history of disease (this must be documented in the child’s immunization chart). If a child has a history of disease and varicella vaccine, only count the vaccine.
- B. Total each column and enter results in the TOTAL row.
- C. For “4-3-1,” enter a check for each child who has received **4 or more DTaP, and 3 or more polio and 1 MMR**. Add column and enter number in 4-3-1 TOTAL box.

		Required for Entry									Recommended, not required							
	Child's Name	Birth Date	DTaP	Polio	MMR	4-3-1	Hib	Hep B	Varicella		M Ex	R Ex	PCV13	Hep A	Rotavirus	Influenza	Ex w/no vaccines	No Record
			4+	3+	1		3+	3	1	Disease			4	2	3	≥1		
1	J. Doe	1/8/14	✓	✓	✓	✓	✓	✓	✓						✓	✓		
2	J. Smith	4/5/13			✓		✓			✓		✓	✓			✓		
3	D. Jones	2/1/12	✓	✓	✓	✓	✓		✓			✓	✓	✓				
TOTAL			2	2	3	2	3	1	2	1		1	2	2	2	2		

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Part II: Completing the Survey

Using the “Total” row on the worksheet, complete the online survey with the corresponding number of children. Before submitting the survey, print a copy of the survey for your files. Your immunization records may be audited.

1. Enter your school’s 4-digit ID number.
2. Enter TOTAL NUMBER OF CHILDREN AGE 2 AND OLDER.
3. Of children 2 and older, enter total number with 4 or more doses of DTaP.
4. Of children 2 and older, enter total number with 3 or more doses of polio.
5. Of children 2 and older, enter total number with 1 dose of MMR (do not count doses given 5 or more days before the first birthday).
6. Of children 2 and older, enter total number with 3 or more doses of Hib.
7. Of children 2 and older, enter total number with 3 doses of hepatitis B.
8. Of children 2 and older, enter total number with 1 dose of varicella (do not count doses given 5 or more days before the first birthday).
9. Of children 2 and older, enter total number with physician-certified reliable history of chickenpox disease. (Each child should receive 1 dose of varicella **or** have a physician-certified reliable history of chickenpox disease.)
10. From the 4-3-1 TOTAL box, enter number of children age 2 and older who have received **4 or more DTaP, and 3 or more polio and 1 MMR**.
11. Of children 2 and older, enter total number with 4 or more doses of PCV7 or PCV13.
12. Of children 2 and older, enter total number with 2 doses of hepatitis A.
13. Of children 2 and older, enter total number with 3 doses of rotavirus.
14. Of children 2 and older, enter total number with 1 or more doses of influenza vaccine received between July 2015 and June 2016.
15. Enter number of children with medical exemptions (Physician statement must be on file at your program).
16. Enter number of children with religious exemptions (Parent statement must be on file at your program).
17. Enter number of children with an exemption that have 0 documented vaccines (i.e. are completely unimmunized)
18. Record number of children with no immunization record (Do not include students with partial immunization records, or those with medical or religious exemptions. ONLY include students who are missing their entire immunization record.)

Note: For students who have documented proof of vaccination **and** another proof of immunity to the same disease, please record as vaccinated.

If your program is licensed by EEC, you must answer questions 22-32 regarding staff immunizations. Refer to the accompanied instructions and worksheet before completing and submitting the survey.