

CHILD CARE/NURSERY/PRESCHOOL IMMUNIZATION SURVEY WORKSHEET

(Do Not Send to State)

For each child **age 2 and older**, please record if a child has the number of doses listed for each vaccine. **Keep this worksheet** as a summary of children's immunization records. In the event of a case of a vaccine-preventable disease at your center, this worksheet will help you identify which children are not fully immunized. Make a copy of this blank form for recording the immunization status of children entering your center after the survey has been completed.

Child's Name	Birth Date	Required for Entry									Recommended, not required				Ex w/no vaccines	No Record	
		DTaP ¹	Polio ²	MMR ₃	4-3-1 ⁴	Hib ⁵	Hep B ⁶	Varicella ⁷		Med Ex ⁸	Rel Ex ⁹	PCV ¹⁰	Hep A ¹¹	Rotavirus ¹²			Flu ¹³
		4+	3+	1		3+	3	1	Disease			4	2	3			≥1
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
TOTAL																	

Please keep for your records

¹ DTaP: Diphtheria, tetanus, and acellular pertussis. Do not count DT (diphtheria/tetanus)
² Polio: eIPV or IPV (Salk), OPV (Sabin)
³ MMR: Measles, mumps, rubella (Do not count doses given ≥ 5 days before the first birthday)
⁴ 4-3-1 series completed: 4 or more DTaP/DTP **and** 3 or more polio **and** 1 MMR
⁵ Hib: *Haemophilus influenzae* type B
⁶ Hepatitis B vaccine: 3 doses
⁷ Varicella: one dose of varicella vaccine (do not count doses given ≥ 5 days before the first birthday) **or** a physician-certified reliable history of chickenpox disease. If vaccinated and has history of disease, count only as vaccinated.

⁸ Medical exemption on file to one or more vaccines.
⁹ Religious exemption on file to one or more vaccines
The following vaccines are recommended, not required:
¹⁰ Pneumococcal conjugate vaccine: PCV7 or PCV13
¹¹ Hepatitis A vaccine: 2 doses
¹² Rotavirus: 3 doses
¹³ Influenza: any documented dose of seasonal influenza vaccine received between July 2015 and June 2016.

Keep this worksheet for your records.
 You may be called for more information.