

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Seventh Grade Worksheet and Survey Instructions
 (Surveys must be completed no later than October 28, 2016)

Part I: Filling out the worksheet

Complete the attached worksheet for children entering seventh grade. 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.**

You should keep the worksheet for your records. Do not send the worksheet to DPH.

Enter last name and DOB for each student. Place checks in the appropriate columns.
 Total each column and enter number in TOTAL DOSES box.

Example:

Child's Name	Birth Date	MMR ¹				Hepatitis B				Varicella ²				Tdap ³			Exemption w/no vaccines	No Record		
		2	L ⁴	M ⁵	R ⁶	3	L ⁴	M ⁵	R ⁶	2	Disease	L ⁴	M ⁵	R ⁶	1	M ⁵			R ⁶	
1	J Jones	1/25/05	✓				✓				✓					✓				
2	S Smith	3/7/05				✓		✓				✓								
3	J Doe	6/4/05				✓				✓				✓			✓			
TOTAL			1			2	1	1		1	1	1			1	1		1		

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. DPH may contact you to discuss your results.

Enter all answers in the online Grade 7 Immunization Survey.

1. Enter your school's 4-digit ID number.
2. Enter total number of students entering seventh grade.
3. Enter total number with **2 doses** of MMR (doses must be given at least 28 days apart beginning at or after 12 months of age).
4. Enter total number with **laboratory evidence of immunity** to measles, mumps, and rubella (If a student has 2 doses of MMR vaccine and laboratory evidence of immunity, count **only** as vaccinated).
5. Enter total number with medical exemptions to MMR vaccine.
6. Enter total number with religious exemptions to MMR vaccine.

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7. Enter total number with **3 doses** of hepatitis B vaccine.
8. Enter total number with **laboratory evidence of immunity** to hepatitis B (If a student has 3 doses of hepatitis B vaccine and laboratory evidence of immunity, count **only** as vaccinated).
9. Enter total number with medical exemptions to hepatitis B vaccine.
10. Enter total number with religious exemptions to hepatitis B vaccine.
11. Enter total number with **2 doses** of varicella vaccine (doses must be given at least 28 days apart beginning at or after 12 months of age).
12. Enter total number with **laboratory evidence of immunity** to varicella (If a student has 2 doses of varicella vaccine and laboratory evidence of immunity, count **only** as vaccinated).
13. Enter total number with physician-certified reliable history of chickenpox disease. If a child has a history of disease and 1 dose of varicella vaccine, record **only** as disease. If a child has a history of disease and 2 doses of varicella vaccine, record **only** as vaccinated. If a child has a history of disease and laboratory evidence of immunity, record **only** as disease.
14. Enter total number with medical exemptions to varicella vaccine.
15. Enter total number with religious exemptions to varicella vaccine.
16. Enter total number with **1 dose** of Tdap (or a dose of DTaP, DTP, DT, or Td given within past 5 years).
17. Enter total number with medical exemptions to Tdap vaccine.
18. Enter total number with religious exemptions to Tdap vaccine.
19. Enter the total number of students with medical exemptions (Physician statement must be on file at your school).
20. Enter the total number of students with religious exemptions (Parent statement must be on file at your school).
21. Enter the total number of students **with a medical exemption** that are completely unimmunized.
22. Enter the total number of students **with a religious exemption** that are completely unimmunized.
23. Enter total number 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.)

Please note: All students should **only** be counted once. For students who have documented proof of vaccination **and** another proof of immunity to the same disease, please record as vaccinated, with the exception of varicella: If a student has a history of disease and 1 dose of varicella vaccine, record **only** as disease. If a student has a history of disease and 2 doses of varicella vaccine, record **only** as vaccinated.