

KEEP THIS WORKSHEET FOR YOUR OWN RECORDS.
DO NOT RETURN TO MDPH.

KINDERGARTEN IMMUNIZATION SURVEY WORKSHEET

(Do Not Send to State)

For each child, please record (in the appropriate column) the total number of vaccine doses received. **Please mark only one box 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 school, 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 school after the survey has been completed.

Name	Birth Date	DTaP ¹			Polio ²			MMR ³			Hepatitis B				Varicella ⁴				Series ⁵ 5-4-2-3-2	Exemption w/no Vaccines	No Record				
		5	M ⁶	R ⁷	4	M ⁶	R ⁷	2	L ⁸	M ⁶	R ⁷	3	L ⁸	M ⁶	R ⁷	2	Disease	L ⁸				M ⁶	R ⁷		
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TOTAL																									
		DTaP			Polio			MMR			Hep B				Varicella				Series	Unimmunized	No Rec				

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 first birthday or second dose if it was given <28 days after the first dose).

⁴ Varicella: two doses of varicella vaccine (do not count doses given ≥5 days before first birthday or second dose if it was given <28 days after the first dose) or a physician-certified reliable history of chickenpox disease. If child has history of disease and only 1 dose of varicella vaccine, count under disease. If a child has history of disease and 2 doses of varicella vaccine, count under vaccinated.

⁵ 5-4-2-3-2 series: 5 DTaP and 4 polio and 2 MMR and 3 hepatitis B and 2 varicella (all vaccines required for school entry).

⁶ M: Medical Exemption ⁷ R: Religious Exemption ⁸ L: Laboratory evidence of immunity only

Please keep for your records