

KINDERGARTEN COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

Column #1 - Total Number of Students - Enter the **total** number of students enrolled in kindergarten.

Column #2 - Students Without Immunization Record - Enter the number of students who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.

Column #3 - Exemptions - Enter the number of students who have either a written medical or religious exemption. **Please keep a separate list of all students who have been exempted in case of a disease outbreak.**

Medical Exemption - Enter only those students who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**

Religious Exemption - Enter the number of students for whom you have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**

***Column #4 - Diphtheria** - Enter the number of students who have received three or more doses of diphtheria toxoid-containing vaccines. Four doses are required for students enrolled in any school in the City of New York.

***Column #5 - Polio** - Enter the number of students who have received three or more doses of polio containing vaccine (IPV or OPV).

***Column #6 - Measles** - Enter the number of students who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles disease.

***Column #7 - Mumps** - Enter the number of students who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.

***Column #8 - Rubella** - Enter the number of students who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.

***Column #9 - Hepatitis B** - Enter the number of students who have received 3 doses of hepatitis B vaccine, or have demonstrated serological evidence of immunity to hepatitis B disease.

***Column #10 - Varicella (chickenpox)** - Enter the number of students born on or after 1/1/98 who have received one dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease.

Column #11 - Completely Immunized - Enter the number of students who meet all requirements for each column 4-10. Those entered in columns 2 and 3 should not be included in column 11. The number in column 11 may be equal to or less than the lowest number entered in column 4 -10 but cannot exceed any number in those columns.

***Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.