



Oklahoma State Department of Health  
Creating a State of Health

Dear Principal and/or Superintendent:

Once again, the Oklahoma State Department of Education and the Oklahoma State Department of Health are partnering to conduct the annual statewide school immunization survey. This survey measures both the percentage of kindergarten and 7<sup>th</sup> grade students protected against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, hepatitis A, and varicella, and the percentage of students in compliance with Oklahoma's School Immunization Law through exemptions.

The survey will be conducted through an internet site. Instructions for logging in and data entry are attached. We ask you to please complete the survey within four weeks of the date on this correspondence. If you do not have internet service, please call the Immunization Service, Oklahoma State Department of Health at 1-800-234-6196 or (405) 271-4073 for assistance.

Please do not delay completing the survey if all of your students are not up-to-date on their immunizations. The intent of this survey is to measure protection and compliance statewide, not the performance of individual schools. Children who are behind but who are in the process of completing immunizations following a schedule approved by their physician or clinic, and children who have a Certificate of Exemption on file, are in compliance with Oklahoma's School Immunization Law.

A worksheet is included to help with completion of the survey. You do not need to send the worksheet to the Immunization Service. We appreciate your continuing efforts to ensure students in kindergarten and 7<sup>th</sup> grade meet immunization requirements. If you have questions, or need assistance completing the survey, please call the Oklahoma State Department of Health, Immunization Service at 1-800-234-6196 or (405) 271-4073.

Also enclosed is the *2014-15 Guide to Immunization Requirements in OK* in preparation for next year's enrollment. Thank you for your assistance in providing this critical information for the State of Oklahoma.

Sincerely,

Jarret C. Barresi  
State Superintendent of Public Instruction

Terry Cline, Ph.D.  
Commissioner of Health  
Secretary of Health and Human Services

Enclosures



# School Survey Internet Instructions

Access this website on the Internet:

<https://www.phin.state.ok.us/immsurvey/>

Choose the survey you will be completing. Enter your 5 digit zip code. Click on "Get school list".

A drop down menu will appear for you to choose your school.

The password is: osdh1 then click on “go to survey”.

From your completed worksheets, fill in the blanks with the totals, as you previously would have on the paper form.

When the on-line survey is completed, review the information and click on the submit button. If the survey was submitted, the print button will appear so you can keep a copy for your records. If the survey will not submit, review for error messages, make the required changes and submit again.

**Once you have logged into the system, you have 20 minutes to complete your survey.**

Questions? Call the Immunization Service at 1-800-234-6196 or locally in the Oklahoma City area at 271-4073.

## KINDERGARTEN SCHOOL IMMUNIZATION SURVEY WORKSHEET

This worksheet is for your use. Do not send this worksheet to the Immunization Service.

As you are reviewing your students' records and you identify a record that is complete, make a hash mark in the large box next to Complete Records and do not use this record for any other count. As you encounter records with an Exemption, make a hash mark under the appropriate type of exemption, a hash mark for each vaccine selected, and do not use this record in any other count. Record the names of all kindergarten children

who have an incomplete or no immunization record on file. If there is no record, mark that box only. For each child whose immunizations are incomplete, check the Incomplete Record box and check the box for each immunization that is not complete. Record subtotals on each page and the final totals on the last page. These are the numbers you will use to complete your survey. Make copies of these pages as needed.

| Complete Records:   |         |                |            |                   |   |                |                  |          | Total Complete |
|---|---------|----------------|------------|-------------------|---|----------------|------------------|----------|----------------|
| Exemptions:   | Medical | Medical Total  | Religious  | Religious Total   | Personal  | Personal Total | Total Exemptions |          |                |
| For each type of exemption, please indicate how many for each vaccine type. | DTaP:   | Hep B:         | DTaP:      | Hep B             | DTaP:   | Hep B:         |                  |          |                |
|   | Polio:  | Hep A:         | Polio:     | Hep A             | Polio:  | Hep A:         |                  |          |                |
|   | MMR:    | Varicella:     | MMR:       | Varicella:        | MMR:  | Varicella:     |                  |          |                |
| Incomplete or No Records  |         | Student's Name | No Record  | Incomplete Record | <i>Incomplete records only: check the box for each type that is incomplete.</i> |                |                  |          |                |
|   |         |                |            |                   | <5 DTaP   | <4 Polio       | <2 MMR           | <3 Hep B | <2 Hep A       |
| 1.  |         |                |            |                   |   |                |                  |          |                |
| 2.  |         |                |            |                   |   |                |                  |          |                |
| 3.  |         |                |            |                   |   |                |                  |          |                |
| 4.  |         |                |            |                   |   |                |                  |          |                |
| 5.  |         |                |            |                   |   |                |                  |          |                |
| 6.  |         |                |            |                   |   |                |                  |          |                |
| 7.  |         |                |            |                   |   |                |                  |          |                |
| 8.  |         |                |            |                   |   |                |                  |          |                |
| 9.  |         |                |            |                   |   |                |                  |          |                |
| 10.   |         |                |            |                   |   |                |                  |          |                |
| 11.   |         |                |            |                   |   |                |                  |          |                |
| 12.   |         |                |            |                   |   |                |                  |          |                |
| 13.   |         |                |            |                   |   |                |                  |          |                |
| 14.   |         |                |            |                   |   |                |                  |          |                |
| 15.   |         |                |            |                   |   |                |                  |          |                |
| Total Number for each column:   |         | No Record      | Incomplete | DTaP              | Polio   | MMR            | Hep B            | Hep A    | Varicella      |

## KINDERGARTEN IMMUNIZATION SURVEY WORKSHEET – Continuation Page

This worksheet is for your use. Do not send this worksheet to the Immunization Service.

As you are reviewing your students' records and you identify a record that is complete, make a hash mark in the large box next to Complete Records and do not use this record for any other count. As you encounter records with an Exemption, make a hash mark under the appropriate type of exemption, a hash mark for each vaccine selected, and do not use this record in any other count. Record the names of all kindergarten children

who have an incomplete or no immunization record on file. If there is no record, mark that box only. For each child whose immunizations are incomplete, check the Incomplete Record box and check the box for each immunization that is not complete. Record subtotals on each page and the final totals on the last page. These are the numbers you will use to complete your survey. Make copies of these pages as needed.

| Complete Records:   |         |                   |   |                 |          |                |                  |  | Total Complete |
|---|---------|-------------------|---|-----------------|----------|----------------|------------------|--|----------------|
| Exemptions:   | Medical | Medical Total     | Religious   | Religious Total | Personal | Personal Total | Total Exemptions |  |                |
| For each type of exemption, please indicate how many for each vaccine type. | DTaP:   | Hep B:            | DTaP:   | Hep B           | DTaP:    | Hep B:         |                  |  |                |
|   | Polio:  | Hep A:            | Polio:  | Hep A           | Polio:   | Hep A:         |                  |  |                |
|   | MMR:    | Varicella:        | MMR:  | Varicella:      | MMR:     | Varicella:     |                  |  |                |
| Incomplete or no Records:   |         | Incomplete Record | <i>Incomplete records only: check the box for each type that is incomplete.</i> |                 |          |                |                  |  |                |
| Student's Name  |         |                   | <5 DTaP   | <4 Polio        | <2 MMR   | <3 Hep B       | <2 Hep A         | (No record of the Shot or Disease) Varicella |                |
| 16.   |         |                   |   |                 |          |                |                  |  |                |
| 17.   |         |                   |   |                 |          |                |                  |  |                |
| 18.   |         |                   |   |                 |          |                |                  |  |                |
| 19.   |         |                   |   |                 |          |                |                  |  |                |
| 20.   |         |                   |   |                 |          |                |                  |  |                |
| 21.   |         |                   |   |                 |          |                |                  |  |                |
| 22.   |         |                   |   |                 |          |                |                  |  |                |
| 23.   |         |                   |   |                 |          |                |                  |  |                |
| 24.   |         |                   |   |                 |          |                |                  |  |                |
| 25.   |         |                   |   |                 |          |                |                  |  |                |
| 26.   |         |                   |   |                 |          |                |                  |  |                |
| 27.   |         |                   |   |                 |          |                |                  |  |                |
| 28.   |         |                   |   |                 |          |                |                  |  |                |
| 29.   |         |                   |   |                 |          |                |                  |  |                |
| 30.   |         |                   |   |                 |          |                |                  |  |                |
| Total Number for each Column:   |         | No Record         | Incomplete  | DTaP            | Polio    | MMR            | Hep B            | Hep A  | Varicella      |

The total of complete records, total of exemptions, total of incomplete, and total of no record should equal your total kindergarten enrollment: \_\_\_\_\_

Welcome!  
2013-2014 School Year  
**OKLAHOMA KINDERGARTEN IMMUNIZATION SURVEY**

**NOTE: ALL BLANKS MUST HAVE AN ANSWER. WHERE THE ANSWER IS NONE, A "0" MUST BE ENTERED.**

School Name to Auto Insert to the right

Name of Person Completing the Survey:

Title of Person Completing the Survey: *Drop down box: Nurse, Director of Health, Other*

Phone Number of Person Completing the Survey:

**NOTE: If the person submitting the survey is not a Nurse or the Health Director, the school will be subject to a site visit review and validation of the KG survey.**

1) Total Kindergarten Enrollment: \_\_\_\_\_

2) Number of Kindergartners with No Immunization Record or No Exemption on file: \_\_\_\_\_

3) Total number of Kindergartners with an Exemption on File:

*Include in this count, all children with an exemption on file; even if they have a record and some vaccinations.*

*DO NOT count them as having a record in question 4 below.*

Number of Exemptions by Type:

Medical: \_\_\_\_\_ Religious: \_\_\_\_\_ Personal: \_\_\_\_\_ **Total:** \_\_\_\_\_

**Provide the number of exemptions for each vaccine by exemption type:**

|           | Medical   | Religious | Personal  |
|-----------|-----------|-----------|-----------|
| All       | _____     | _____     | _____     |
| DtaP/DTP  | DtaP/DTP  | DtaP/DTP  | DtaP/DTP  |
| Polio     | Polio     | Polio     | Polio     |
| MMR       | MMR       | MMR       | MMR       |
| Hep B     | Hep B     | Hep B     | Hep B     |
| Hep A     | Hep A     | Hep A     | Hep A     |
| Varicella | Varicella | Varicella | Varicella |

For the questions below, do not count children already counted in questions 2 or 3.

4) Number of Kindergartners **WITH AN IMMUNIZATION RECORD ON FILE** (complete or not) \_\_\_\_\_

A. How many have completed all their immunizations: \_\_\_\_\_

**Complete means:**

*5 DTaP/DTP, 4 Polio, 2 MMR, 3 Hepatitis B, 2 Hepatitis A and 1 Varicella (chickenpox) or the child is immune because they had the disease, such as chickenpox.*

**PLEASE NOTE:** A child who received the 4th dose of DTaP or DTP and/or 3rd dose of Polio on or after the 4th birthday does not need the 5th DTaP or DTP and/or the 4th Polio and is considered completely immunized. These children should be counted as complete on line 4.A above.

B. How many have not completed their immunizations: \_\_\_\_\_

For those children who **have not** completed the required immunizations, please answer the following:

- How many have less than 5 doses of DTaP/DTP vaccine: \_\_\_\_\_
- How many have less than 4 doses of Polio vaccine: \_\_\_\_\_
- How many have less than 2 doses of MMR vaccine: \_\_\_\_\_
- How many have less than 3 doses of Hepatitis B vaccine: \_\_\_\_\_
- How many have less than 2 doses of Hepatitis A vaccine: \_\_\_\_\_
- How many have not received 1 dose of Varicella vaccine: \_\_\_\_\_

**If there are any red messages above, your survey will not submit and a correction is required.**

**Submit  
Survey**

**Print Survey**

## SEVENTH GRADE IMMUNIZATION SURVEY WORKSHEET

This worksheet is for your use. Do not send this worksheet to the Immunization Service.

As you are reviewing your students' records and you identify a record that is complete, make a hash mark in the large box next to Complete Records and do not use this record for any other count. As you encounter records with an Exemption, make a hash mark under the appropriate type of exemption, a hash mark for each vaccine selected, and do not use this record in any other count. Record the names of all kindergarten children

who have an incomplete or no immunization record on file. If there is no record, mark that box only. For each child whose immunizations are incomplete, check the Incomplete Record box and check the box for each immunization that is not complete. Record subtotals on each page and the final totals on the last page. These are the numbers you will use to complete your survey. Make copies of these pages as needed.

| Complete Records:   |         |                |            |                   |   |                |                  |          | Total Complete |
|---|---------|----------------|------------|-------------------|---|----------------|------------------|----------|----------------|
| Exemptions:   | Medical | Medical Total  | Religious  | Religious Total   | Personal  | Personal Total | Total Exemptions |          |                |
| For each type of exemption, please indicate how many for each vaccine type. | Tdap:   | Hep B:         | Tdap:      | Hep B             | Tdap:   | Hep B:         |                  |          |                |
|   | Polio:  | Hep A:         | Polio:     | Hep A             | Polio:  | Hep A:         |                  |          |                |
|   | MMR:    | Varicella:     | MMR:       | Varicella:        | MMR:  | Varicella:     |                  |          |                |
| Incomplete or No Records  |         | Student's Name | No Record  | Incomplete Record | <i>Incomplete records only: check the box for each type that is incomplete.</i> |                |                  |          |                |
|   |         |                |            |                   | <1 Tdap   | <4 Polio       | <2 MMR           | <3 Hep B | <2 Hep A       |
| 1.  |         |                |            |                   |   |                |                  |          |                |
| 2.  |         |                |            |                   |   |                |                  |          |                |
| 3.  |         |                |            |                   |   |                |                  |          |                |
| 4.  |         |                |            |                   |   |                |                  |          |                |
| 5.  |         |                |            |                   |   |                |                  |          |                |
| 6.  |         |                |            |                   |   |                |                  |          |                |
| 7.  |         |                |            |                   |   |                |                  |          |                |
| 8.  |         |                |            |                   |   |                |                  |          |                |
| 9.  |         |                |            |                   |   |                |                  |          |                |
| 10.   |         |                |            |                   |   |                |                  |          |                |
| 11.   |         |                |            |                   |   |                |                  |          |                |
| 12.   |         |                |            |                   |   |                |                  |          |                |
| 13.   |         |                |            |                   |   |                |                  |          |                |
| 14.   |         |                |            |                   |   |                |                  |          |                |
| 15.   |         |                |            |                   |   |                |                  |          |                |
| Total Number for each column:   |         | No Record      | Incomplete | Tdap              | Polio   | MMR            | Hep B            | Hep A    | Varicella      |

## SEVENTH GRADE IMMUNIZATION SURVEY WORKSHEET – Continuation Page

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As you are reviewing your students' records and you identify a record that is complete, make a hash mark in the large box next to Complete Records and do not use this record for any other count. As you encounter records with an Exemption, make a hash mark under the appropriate type of exemption, a hash mark for each vaccine selected, and do not use this record in any other count. Record the names of all kindergarten children

who have an incomplete or no immunization record on file. If there is no record, mark that box only. For each child whose immunizations are incomplete, check the Incomplete Record box and check the box for each immunization that is not complete. Record subtotals on each page and the final totals on the last page. These are the numbers you will use to complete your survey. Make copies of these pages as needed.

| Complete Records:   |           |                   |   |                 |           |                |                  | Total Complete                                  |
|---|-----------|-------------------|---|-----------------|-----------|----------------|------------------|---|
| Exemptions:   | Medical   | Medical Total     | Religious   | Religious Total | Personal  | Personal Total | Total Exemptions |   |
| For each type of exemption, please indicate how many for each vaccine type. | Tdap:     | Hep B:            | Tdap:   | Hep B           | Tdap:     | Hep B:         |                  |   |
|   | Polio:    | Hep A:            | Polio:  | Hep A           | Polio:    | Hep A:         |                  |   |
|   | MMR:      | Varicella:        | MMR:  | Varicella:      | MMR:      | Varicella:     |                  |   |
| Incomplete or no Records:   |           |                   | <i>Incomplete records only: check the box for each type that is incomplete.</i> |                 |           |                |                  |   |
| Student's Name  | No Record | Incomplete Record | <1<br>Tdap  | <4<br>Polio     | <2<br>MMR | <3<br>Hep B    | <2<br>Hep A      | (No record of the Shot or Disease)<br>Varicella |
| 16.   |           |                   |   |                 |           |                |                  |   |
| 17.   |           |                   |   |                 |           |                |                  |   |
| 18.   |           |                   |   |                 |           |                |                  |   |
| 19.   |           |                   |   |                 |           |                |                  |   |
| 20.   |           |                   |   |                 |           |                |                  |   |
| 21.   |           |                   |   |                 |           |                |                  |   |
| 22.   |           |                   |   |                 |           |                |                  |   |
| 23.   |           |                   |   |                 |           |                |                  |   |
| 24.   |           |                   |   |                 |           |                |                  |   |
| 25.   |           |                   |   |                 |           |                |                  |   |
| 26.   |           |                   |   |                 |           |                |                  |   |
| 27.   |           |                   |   |                 |           |                |                  |   |
| 28.   |           |                   |   |                 |           |                |                  |   |
| 29.   |           |                   |   |                 |           |                |                  |   |
| 30.   |           |                   |   |                 |           |                |                  |   |
| Total Number for each Column:   | No Record | Incomplete        | Tdap  | Polio           | MMR       | Hep B          | Hep A            | Varicella                                       |

The total of complete records, total of exemptions, total of incomplete, and total of no record should equal your total kindergarten enrollment: \_\_\_\_\_

Welcome!  
2013-2014 School Year  
**OKLAHOMA MIDDLE SCHOOL IMMUNIZATION SURVEY**

**NOTE: ALL BLANKS MUST HAVE AN ANSWER. WHERE THE ANSWER IS NONE, A "0" MUST BE ENTERED.**

School Name to Auto Insert to the right

Name of Person Completing the Survey: \_\_\_\_\_

Title of Person Completing the Survey: \_\_\_\_\_ *Drop down box: Nurse, Director of Health, Other*

Phone Number of Person Completing the Survey: \_\_\_\_\_

**NOTE: If the person submitting the survey is not a Nurse or the Health Director, the school will be subject to a site visit review and validation of the KG survey.**

- 1) Total 7<sup>th</sup> grade enrollment: \_\_\_\_\_
- 2) Number of 7<sup>th</sup> grade students with No Immunization Record or No Exemption on file: \_\_\_\_\_
- 3) Total number of 7<sup>th</sup> grade students with an Exemption on File.  
*Include in this count, all children with an exemption on file;  
even if they have a record and some vaccinations.  
DO NOT count them as having a record in question 4 below.*

Number of Exemptions by Type

Medical: \_\_\_\_\_ Religious: \_\_\_\_\_ Personal: \_\_\_\_\_ **Total:** \_\_\_\_\_

**Provide the number of exemptions for each vaccine by exemption type:**

| Medical   | Religious | Personal  |
|-----------|-----------|-----------|
| All       | All       | All       |
| Tdap      | Tdap      | Tdap      |
| Polio     | Polio     | Polio     |
| MMR       | MMR       | MMR       |
| Hep B     | Hep B     | Hep B     |
| Hep A     | Hep A     | Hep A     |
| Varicella | Varicella | Varicella |

For the questions below, do not count students already counted in questions 2 or 3.

- 4) Number of 7<sup>th</sup> graders **WITH AN IMMUNIZATION RECORD ON FILE** (complete or not) \_\_\_\_\_

- A. How many have completed all their immunizations:

**Complete means:**

1 Tdap, 4 Polio, 2 MMR, 3 Hepatitis B, 2 Hepatitis A, and 1 Varicella (chickenpox) or the student is immune because they had the disease, such as chickenpox.

**PLEASE NOTE:** A student who received the \*\*3rd dose of Polio on or after the 4th birthday does not need the 4th Polio and is considered completely immunized. These students should be counted as complete on line 4.A above.

- B. How many have not completed their immunizations: \_\_\_\_\_

For those children who **have not** completed the required immunizations, please answer the following:

- How many have less than 1 dose of Tdap vaccine: \_\_\_\_\_
- How many have less than \*\*3 or 4 doses of Polio vaccine: \_\_\_\_\_
- How many have less than 2 doses of MMR vaccine: \_\_\_\_\_
- How many have less than 3 doses of Hepatitis B vaccine: \_\_\_\_\_
- How many have less than 2 doses of Hepatitis A vaccine: \_\_\_\_\_
- How many have not received 1 dose of Varicella vaccine: \_\_\_\_\_

If there are any red messages above, your survey will not submit and a correction is required.

**Submit  
Survey**

**Print Survey**

## Guide to Immunization Requirements in Oklahoma - 2014-15 School Year

|   | CHILDCARE  | PRE-SCHOOL/PRE-KG       | KG-6th      | 7th - 10th                   | 11th - 12th |
|---|--|-------------------------|-------------|------------------------------|-------------|
| <b>VACCINES</b>                             | <b>PLEASE READ THE BULLETS BELOW FOR ESSENTIAL INFORMATION</b> |                         |             |                              |             |
| DTaP (diphtheria, tetanus, pertussis)       | 4 DTaP   | 4 DTaP                  | 5 DTP/DTaP★ | 5 DTP/DTaP★ & 1 Tdap booster | 5 DTP/DTaP★ |
| PCV (pneumococcal conjugate vaccine)        | 1-4 PCV◆   | Not required for school |             |                              |             |
| IPV/OPV (inactivated polio/oral polio)      | 3 IPV/OPV  | 3 IPV/OPV               | 4 IPV/OPV◀  | 4 IPV/OPV                    | 4 IPV/OPV   |
| MMR (measles, mumps, rubella)               | 1 MMR  | 1 MMR                   | 2 MMR       | 2 MMR                        | 2 MMR       |
| Hib ( <i>Haemophilus influenzae</i> type b) | 1-4 Hib◆●  | Not required for school |             |                              |             |
| Hep B (hepatitis B)                         | 3 Hep B  | 3 Hep B                 | 3 Hep B     | 3 Hep B ■                    | 3 Hep B ■   |
| Hep A (hepatitis A)                         | 2 Hep A  | 2 Hep A                 | 2 Hep A     | 2 Hep A                      | 2 Hep A     |
| Varicella (chickenpox)                      | 1 Varicella  | 1 Varicella             | 1 Varicella | 1 Varicella                  | 1 Varicella |

- ★ If the 4th dose of DTP/DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTP/DTaP is not required.
- ◆ The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child when the first dose was given.
- ◀ If the 3rd dose of IPV/OPV is administered on or after the child's 4th birthday, then the 4th dose of IPV/OPV is not required.
- Children may be complete with 3 or 4 doses of Hib vaccine depending on the brand of vaccine used.
- Students 11 through 15 years of age who have not received HepB vaccine may receive a 2 dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of pediatric hepatitis B vaccine.
- The table above lists the vaccines that are required for children to attend childcare, preschool, and kindergarten through twelfth grade in Oklahoma. Additional vaccines may be recommended, but are not required. For example, a 2<sup>nd</sup> dose of varicella vaccine is recommended before entering kindergarten, but not required by Oklahoma law.
- **Children attending licensed childcare facilities must be up-to-date for their age for the vaccines listed in the "Childcare" column.** Refer to this web page for information on when doses are due for children attending childcare:  
[http://www.ok.gov/health/Disease\\_Prevention\\_Preparedness/Immunizations/Vaccines\\_for\\_Childcare/index.html](http://www.ok.gov/health/Disease_Prevention_Preparedness/Immunizations/Vaccines_for_Childcare/index.html).
- **Hib and PCV vaccines are not required for students in pre-school, pre-kindergarten, or kindergarten programs operated by schools unless the facility is a licensed child care facility. They are required for children attending licensed child care facilities.**
- Doses administered 4 days or less, before the minimum intervals or ages, are counted as valid doses.
- The first doses of measles, mumps and rubella (MMR), varicella, and hepatitis A vaccines must be administered on or after the child's first birthday (or within 4 days before the birthday) or they must be repeated.
- For doses given on or after Jan. 1, 2003, the 5<sup>th</sup> dose of DTaP must be given on or after the 4<sup>th</sup> birthday (or within 4 days before the 4<sup>th</sup> birthday). This rule does not apply to doses given before 2003.
- If a parent reports that their child had chickenpox disease, the child is not required to receive varicella vaccine.
- It is not necessary to restart the series of any vaccine if a dose was given late or if a dose is past due because longer than recommended intervals between doses do not affect final immunity.
- **Children may be allowed to attend school and childcare if they have received at least one dose of all the required vaccines due for their age and the next doses are not yet due, but they must complete the remaining doses of vaccine on schedule. These children are "in the process" of receiving immunizations.**