7TH GRADE FALL REPORT

School Year: _____   Phone Number: _____

Completed By (Name and Title): _____   School: _____

Email address: _____

PART 1: TOTAL NUMBER OF 7TH GRADE STUDENTS ENROLLED   _____

PART 2: EXEMPTIONS

Vaccine	Medical	Religious	Personal	Total Exemptions
A. Total number of 7th graders who claimed an exemption (total number of exemption forms you have)				
B. Tdap				
C. Polio				
D. MMR				
E. Hepatitis A				
F. Hepatitis B				
G. Varicella				
H. Meningococcal				

PART 3A: HOW MANY STUDENTS ARE ON 30 DAY CONDITIONAL ENROLLMENT?   _____

Students who did not provide the school with immunization records, exemption form, or provided incomplete immunization records at the time of enrollment

HOW MANY STUDENTS ARE ON EXTENDED CONDITIONAL ENROLLMENT BECAUSE:

3B. More time is <u>medically recommended</u> to complete all required vaccine doses   _____

3C. School principal or administrator and a school nurse, a health official, or a health official designee agreed that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period   _____

3D. Total number of students who are on conditional/extended conditional enrollment (sum of 3A, 3B, and 3C)   _____

PART 4: NUMBER OF NON-COMPLIANT 7TH GRADE STUDENTS   _____

Examples: students who lack immunization records, lack an exemption form, have an incomplete record, etc. <u>after the conditional/extended conditional period has ended</u>

TOTAL NUMBER OF STUDENTS THAT ARE NON-COMPLIANT, ON CONDITIONAL ENROLLMENT AND EXTENDED CONDITIONAL ENROLLMENT   _____

PART 5: HOW MANY STUDENTS HAVE PROOF OF HISTORY OF DISEASE FOR ANY OF THE FOLLOWING VACCINES?

    a. MMR   _____
    b. Hep A   _____
    c. Varicella (chickenpox)   _____
    d. Total number of students with past history of disease   _____

PART 6: HOW MANY STUDENTS HAVE RECEIVED <u>ALL DOSES OF EACH REQUIRED</u> VACCINE FOR 7TH GRADE ENTRY? _____

PART 7: BREAKDOWN OF CONDITIONAL, EXTENDED CONDITIONAL ENROLLMENT AND NON-COMPLIANT STUDENTS

a. Students missing the required number of **Tdap** vaccine _____

b. Students missing the required number of **polio** vaccine _____

c. Students missing the required number of **MMR** vaccine _____

d. Students missing the required number of **hepatitis A** vaccine _____

e. Students missing the required number of **hepatitis B** vaccine _____

f. Students missing the required number of **varicella** vaccine _____

g. Students missing the required number of **meningococcal** vaccine _____

7H. TOTAL NUMBER OF STUDENTS WITH NO IMMUNIZATION RECORDS _____

7I. TOTAL NUMBER OF STUDENTS WHO CLAIMED THEY HAVE AN EXEMPTION, BUT DID NOT TURN IN THEIR EXEMPTION CERTIFICATE _____

7J. TOTAL NUMBER OF STUDENTS WHO CLAIMED A HISTORY OF DISEASE, BUT DID NOT SUBMIT PROOF OF IMMUNITY? _____

PART 8: Gives a breakdown of the number of students who are up to date with each vaccine (should be populated automatically)