

7TH GRADE FALL REPORT

School Year:
 Completed By (Name and Title):
 Email address:

Phone Number:
 School:

PART 1: NUMBER OF 7TH GRADE STUDENTS ENROLLED _____

PART 2: EXEMPTIONS

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

PART 3: HOW MANY STUDENTS ARE CONDITIONALLY ENROLLED? (THEY DID NOT PROVIDE THE SCHOOL WITH IMMUNIZATION RECORDS OR PROVIDED INCOMPLETE IMMUNIZATION RECORDS) _____

PART 4: HOW MANY STUDENTS ARE ON EXTENDED CONDITIONAL ENROLLMENT BECAUSE:

- a. More time is medically recommended to complete all required vaccine doses _____
- b. 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 _____
- c. Total number of students who are on extended conditional enrollment (sum of 4a and 4b) _____

PART 5: HOW MANY 7TH GRADE STUDENTS ARE OUT OF COMPLIANCE? _____

PART 6: HOW MANY STUDENTS HAVE PROOF OF HISTORY OF DISEASE FOR ANY OF THE FOLLOWING VACCINES?

- a. Tdap _____
- b. Polio _____
- c. MMR _____
- g. Meningococcal _____
- d. Hep A _____
- e. Hep B _____
- f. Varicella (chicken pox) _____
- h. Total number of students with past history of disease _____

PART 7: HOW MANY 7TH GRADE STUDENTS HAVE RECEIVED ALL DOSES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY? _____

PART 8: TOTAL NUMBER OF STUDENTS ENROLLED _____

(Total of 2H, 3, 4C, 5, 6H, 7)

PART 9: BREAKDOWN OF CONDITIONAL AND/OR EXTENDED CONDITIONAL ENROLLMENT AND/OR NON-COMPLIANT STUDENTS

- a. Students with less than the required number of **Tdap** vaccine _____
- b. Students with less than the required number of **polio** vaccine _____
- c. Students with less than the required number of **MMR** vaccine _____

- d. Students with less than the required number of **Hepatitis A** vaccine _____
- e. Students with less than the required number of **Hepatitis B** vaccine _____
- f. Students with less than the required number of **varicella** vaccine _____
- g. Students with less than the required number of **meningococcal** vaccine _____
- h. Students with **no immunization records** _____
- i. Number of students who claimed they have an exemption, but did not turn in their exemption certificate/form _____
- j. Number of students who claimed history of disease, but did not submit healthcare provider statement as proof of immunity _____