

## 7<sup>TH</sup> GRADE FALL REPORT

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

Phone Number:  
 School:

**PART 1: TOTAL NUMBER OF 7<sup>TH</sup> GRADE STUDENTS ENROLLED** \_\_\_\_\_

**PART 2: EXEMPTIONS**

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

**PART 3A: HOW MANY STUDENTS ARE ON 30 DAY CONDITIONAL ENROLLMENT?** \_\_\_\_\_

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

**HOW MANY STUDENTS ARE ON EXTENDED CONDITIONAL ENROLLMENT BECAUSE:**

3B. More time is medically recommended 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 7<sup>TH</sup> GRADE STUDENTS** \_\_\_\_\_

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

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

- |                |                                  |
|----------------|----------------------------------|
| a. Tdap _____  | e. Hep B _____                   |
| b. Polio _____ | f. Varicella (chicken pox) _____ |
| c. MMR _____   | g. Meningococcal _____           |
| d. Hep A _____ |                                  |

h. Total number of students with past history of disease \_\_\_\_\_

PART 6: HOW MANY STUDENTS HAVE RECEIVED ALL DOSES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY? \_\_\_\_\_

**PART 7: 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 \_\_\_\_\_

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)