

7TH GRADE SPRING REPORT

School Year:
Completed By (Name and Title):

Phone Number:
School:

NUMBER OF 7TH GRADE STUDENTS TO REPORT ON IN JUNE (FROM YOUR FALL REPORT) _____

PART 1: EXEMPTIONS

Vaccine	Medical	Religious	Personal	Total Exemptions
A. Tdap				
B. Polio				
C. MMR				
D. Hepatitis A				
E. Hepatitis B				
F. Varicella				
G. Meningococcal				

TOTAL NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION _____
(This is the number of exemption forms you have)

PART 2: HOW MANY STUDENTS WERE CONDITIONALLY ENROLLED IN YOUR FALL REPORT? _____

PART 3: HOW MANY STUDENTS ARE ON EXTENDED CONDITIONAL BECAUSE:

- a. More time was 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 3a and 3b) _____

PART 4: HOW MANY STUDENTS ARE OUT OF COMPLIANCE? _____

PART 5: 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 6: HOW MANY STUDENTS LEFT SCHOOL? _____

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

PART 8: TOTAL AGGREGATE DAYS OF STUDENTS CURRENTLY OUT OF COMPLIANCE _____
(For each out of compliant student, how many days did they attend school while they were out of compliance?
Enter the total amount of days for all students that are out of compliance)

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 _____