

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

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

Phone Number:  
 School:

1. TOTAL NUMBER OF 7<sup>TH</sup> GRADE STUDENTS FROM NOVEMBER REPORT THAT WERE CONDITIONALLY ENROLLED, ON EXTENDED ENROLLMENT OR OUT OF COMPLIANCE \_\_\_\_\_

2. EXEMPTIONS

Vaccine	Medical	Religious	Personal	Total Exemptions
A. Total number of 7 <sup>th</sup> graders from Question 1 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				

3A. TOTAL NUMBER OF STUDENTS ON CONDITIONAL ENROLLMENT FROM QUESTION 1 \_\_\_\_\_  
 Students who did not provide the school with immunization records or provided incomplete immunization records at the time of enrollment)

NUMBER OF STUDENTS FROM QUESTION 1 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 extended conditional enrollment (sum of 3A, 3B, and 3C) \_\_\_\_\_

4. NUMBER OF NON-COMPLIANT 7<sup>TH</sup> GRADE STUDENTS FROM QUESTION 1 \_\_\_\_\_

Examples: students who lack immunization records, lack an exemption form, have an incomplete record, no healthcare provider's statement, etc. after the conditional period has ended and the students did not qualify for extended conditional enrollment

5. HOW MANY STUDENTS FROM QUESTION 1 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 _____ |                                  |

6. HOW MANY STUDENTS FROM QUESTION 1 HAVE RECEIVED ALL DOSES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY? \_\_\_\_\_

7. BREAKDOWN OF CONDITIONAL AND/OR EXTENDED CONDITIONAL ENROLLMENT AND/OR NON-COMPLIANT STUDENTS FROM QUESTION 1

- 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. NUMBER OF STUDENTS FROM QUESTION 1 WITH NO IMMUNIZATION RECORDS \_\_\_\_\_

7I. NUMBER OF STUDENTS FROM QUESTION 1 WHO CLAIMED THEY HAVE AN EXEMPTION, BUT DID NOT TURN IN THEIR EXEMPTION CERTIFICATE \_\_\_\_\_

7J. NUMBER OF STUDENTS FROM QUESTION 1 WHO CLAIMED A HISTORY OF DISEASE, BUT DID NOT SUBMIT PROOF OF IMMUNITY \_\_\_\_\_

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

9. NUMBER OF STUDENTS FROM THE QUESTION 1 THAT HAVE WITHDRAWN FROM SCHOOL SINCE THE NOVEMBER REPORT WAS SUBMITTED \_\_\_\_\_

10. TOTAL AGGREGATE DAYS MEMBERSHIP (ADM) OF STUDENTS CURRENTLY OUT OF COMPLIANCE \_\_\_\_\_

(Total number of days each student has attended school while currently out of compliance)