2ND DOSE MMR FALL REPORT (ALL GRADES)

School Year: Completed By (Name & Title): Email address:			Phone Number: School:	
PART 1: TOTAL NUM	BER OF STUDENTS E	ENROLLED (ALL GRA	DES)	
PART 2: NUMBER OF	EXEMPTIONS (ALL (GRADES)		
Vaccine	Medical	Religious	Personal	Total Exemptions
MMR				
enrollment NUMBER OF STUDEN	not provide any record	ds, a complete immun	ization record, or exen	
that an additio	nal extension will likel		nealth official designee vith school immunizati d	_
3d. Total number of (sum of 3a, 3b		n conditional and exter	nded conditional enro	llment
•	s who lack immunizati		emption form, have an	 I
TOTAL NUMBER OF ENROLLMENT AND I				
PART 5: NUMBER OF (Must have pro		STORY OF MMR DISI	_	
PART 6: HOW MANY	STUDENTS HAVE RE	ECEIVED TWO DOSES	S OF MMR VACCINE?	?
PART 7: BREAKDOW NON-COMPLIANT ST		. AND/OR EXTENDED	O CONDITIONAL ENI	ROLLMENT AND/OF
7a. Students with r	no MMR immunization	n records		
	ed by a healthcare pro	raccine and claimed im ovider to the school as	nmunity, but did not su s proof of immunity	ubmit a

7c. Students who claimed they have an exemption from MMR, but have not submitted an exemption form to the school	
7d. Students who are more than one month past their due date for their second MMR	
7e. Students who received their first MMR dose prior to their 1st birthday	
7f. Students who had a second dose of MMR less than 28 days from their first dose	
7g. Students who have received one dose of MMR vaccine and are currently on schedule for the next dose	