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 EI	NROLLED (ALL GRAD	ES)	
PART 2: NUMBER OF	EXEMPTIONS (ALL G	RADES)		
Vaccine	Medical	Religious	Personal	Total Exemptions
MMR				
enrollment NUMBER OF STUDEN 3b. More time is n 3c. School princip that an addition record require	not provide any record NTS ON EXTENDED Conedically recommended alor administrator and onal extension will likely ments during the addition of students who are or and 3c)	CONDITIONAL ENROLED to complete all requests a school nurse, or a hand to compliance we tional extension perior	LMENT BECAUSE: uired MMR doses nealth official designed with school immunizati	e agreed ion
Examples: studen	NON-COMPLIANT St ts who lack immunizati I, etc. after the 30 day	on records, lack an ex	•	
	STUDENTS WITH HIS pof of immunity for all t			
PART 6: HOW MANY	STUDENTS HAVE REC	CEIVED TWO DOSES	OF MMR VACCINE?	
PART 7: BREAKDOW	N OF CONDITIONAL A	AND/OR EXTENDED	CONDITIONAL ENRO	DLLMENT AND/OR
7a. Students with	no MMR immunization	records		
	did not receive MMR v ned by a healthcare pro ease)		-	ubmit a
	claimed they have an e m to the school	exemption from MMR,	, but have not submitt	ed an

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	