

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

School Year:  
 Completed By:  
 Title:  
 Phone Number:  
 School:

**PART 1: NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION** \_\_\_\_\_

(This is the total number of exemption forms you have)

Vaccine	Medical	Religious	Personal	Total Exemptions
Tdap				
Polio				
MMR				
Hepatitis A				
Hepatitis B				
Varicella				
Meningococcal				

**PART 2: NUMBER OF CONDITIONAL STUDENTS** \_\_\_\_\_

(Students that have started immunizations, but its not time yet for the next dose)

**PART 3: NUMBER NON-COMPLIANT STUDENTS** \_\_\_\_\_

(Should have been excluded on the first day of school)

**PART 4: ADEQUATE FOR SCHOOL ENTRY**

- a. Number of students who have had a history of chicken pox \_\_\_\_\_
- b. Number of students who have received all doses of each required vaccine \_\_\_\_\_
- c. Total number of adequate students (sum of part a and b) \_\_\_\_\_

**PART 5: TOTAL NUMBER OF STUDENTS ENROLLED** \_\_\_\_\_

**PART 6: BREAKDOWN OF CONDITIONAL 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** \_\_\_\_\_