

7TH GRADE ANNUAL REPORT

School Year:
Completed By (Name and Title):

Phone Number:
School:

PART 1: NUMBER OF 7TH GRADE STUDENTS ENROLLED _____

PART 2: EXEMPTIONS

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

TOTAL NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION _____

(This is the number of exemption forms you have)

PART 3: NUMBER OF CONDITIONAL STUDENTS ENROLLED ON THE FIRST DAY OF SCHOOL _____

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

PART 4: HOW MANY STUDENTS WERE ON EXTENDED CONDITIONAL ENROLLMENT ON THE FIRST DAY OF SCHOOL 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 4a and 4b) _____

PART 5: NUMBER OF NON-COMPLIANT STUDENTS _____

PART 6: HOW MANY STUDENTS HAVE RECEIVED ALL DOSES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY? _____

PART 7: 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 8: TOTAL NUMBER OF STUDENTS ENROLLED _____

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. Students with no exemption form _____
- j. Number of students with no proof of history of disease _____