

Instructions on how to complete the School Immunization Status Report form for schools with any students in kindergarten through 12th grade (K-12)

- Use these instructions if you complete the report by hand and mail it or if you enter your report online using the state Immunization Information System.
- Use these instructions to understand which student counts need to go into each of the fields.
- We recommend that you print out a copy of the report form to use as reference as you go through these slides.
- Download the current [School Immunization Status Report](#) form.



Example of a blank School Immunization Status Report form

SCHOOL IMMUNIZATION STATUS REPORT FOR SCHOOL YEAR 2014-2015

NOTE: Use this form ONLY for schools with students in any grades Kindergarten through 12th grade (K-12).

Reporting is a requirement for all public and private schools (RCW 28A.210-110) and is DUE BY NOVEMBER 1, 2014.



Please read instructions below and on the other side before completing this form.

How to Report: 1. Preferred: Report online using the state Immunization Information System (www.wais.wa.gov) 2. Acceptable: Report using the export feature of your school's electronic Student Information System. Email the data file (csv or xls) to oi cpschools@doh.wa.gov 3. Special Circumstances: Complete this form and email or mail to the department. Please contact us to discuss this reporting method at oi cpschools@doh.wa.gov .	PART A: All schools must complete.		Date: _____
	School Name: _____	Completed by: _____	
	School Building Code: _____	Phone: _____	
	Mailing Address: _____	Email: _____	
	City, State, Zip: _____	At this school, we have the following grades: from: _____ to: _____	
	County: _____		
	Public School District: _____		

PART B: All schools must complete. This section counts all your students in all the grades in your school from kindergarten through 12th (K-12).

NUMBER OF STUDENTS ENROLLED In All Grades (K - 12)	NUMBER OF STUDENTS COMPLETE / IMMUNE In All Grades (K-12)	NUMBER OF STUDENTS EXEMPT In all Grades (K-12)	NUMBER OF STUDENTS EXEMPT BY CATEGORY In All Grades (K-12)				TOTAL NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE In All Grades (K-12)					
			MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP	DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
1	2	3	3a	3b	3c	3d	A	B	C	D	E	F

NOTE: Number enrolled (Box 1) must be greater or equal to the sum of Number Complete (Box 2) plus Number Exempt (Box 3). We are not counting number Conditional or Out-of-Compliance in Part B. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to Box 3. See back for explanations of these requirements.

PART C: Please complete only for kindergarten and 6th grade.

GRADE LEVEL	SECTION 1 ENROLLMENT	SECTION 2 IMMUNIZATION STATUS							SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE						
	NUMBER OF STUDENTS ENROLLED	NUMBER OF STUDENTS COMPLETE / IMMUNE	NUMBER OF STUDENTS EXEMPT	NUMBER OF STUDENTS EXEMPT BY CATEGORY				NUMBER OF STUDENTS CONDITIONAL	NUMBER OF STUDENTS OUT OF COMPLIANCE	DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
				MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP								
1	2	3	3a	3b	3c	3d	4	5	A	B	C	D	E	F	
KINDERGARTEN ONLY															
6 TH GRADE ONLY															

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to the sum of 3 + 4 + 5

Part A: All schools must complete

Please read instructions below and on the other side before completing this form.

How to Report:

- Preferred:** Report online using the state Immunization Information System (www.waais.wa.gov)
- Acceptable:** Report using the export feature of your school's electronic Student Information System. Email the data file (csv or xls) to oi cpschools@doh.wa.gov
- Special Circumstances:** Complete this form and email or mail to the department. Please contact us to discuss this reporting method at oi cpschools@doh.wa.gov.

PART A: All schools must complete.

Date: _____

School Name: _____

Completed by: _____

School Building Code: _____

Mailing Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

County: _____

At this school,
we have the following grades:
from: _____ to: _____

Public School District: _____



- If you are using the Washington State Immunization Information System:**
 - This section is completed for you.
 - Make sure that you are reporting for the correct school. If you feel there is a mistake, please email us at oi cpschools@doh.wa.gov.
- If completing by hand and mailing:**
 - Complete all fields in this section.
 - If you are a private school, indicate the public school district where your school is located, if known. We understand that private schools are not associated with public school districts. We ask this only to help track your school in our system.
 - Make sure you include your contact information in case we have questions.

ONLY																		
6 TH GRADE ONLY	1	2	3	3a	3b	3c	3d	4	5	A	B	C	D	E	F			

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to the sum of 3 + 4 + 5

Part B: All schools must complete for all students in all grades

How to Report:

- Preferred:** Report online using the state Immunization Information System (www.waiis.wa.gov)
- Acceptable:** Report using the export feature of your school's electronic Student Information System. Email the data file (csv or xls) to oi cpschools@doh.wa.gov
- Special Circumstances:** Complete this form and email or mail to the department. Please contact us to discuss this reporting method at oi cpschools@doh.wa.gov.

PART B: All schools must complete. Date: _____

School Name: _____ Completed by: _____

School Building Code: _____ Phone: _____

Mailing Address: _____ Email: _____

City, State, Zip: _____

County: _____

Public School District: _____

At this school, we have the following grades: from: _____ to: _____

PART B: All schools must complete. This section counts all your students in all the grades in your school from kindergarten through 12th (K-12).

NUMBER OF STUDENTS ENROLLED In All Grades (K - 12)	NUMBER OF STUDENTS COMPLETE / IMMUNE In All Grades (K-12)	NUMBER OF STUDENTS EXEMPT In all Grades (K-12)	NUMBER OF STUDENTS EXEMPT BY CATEGORY In All Grades (K-12)				TOTAL NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE In All Grades (K-12)					
			MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP	DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
1	2	3	3a	3b	3c	3d	A	B	C	D	E	F

NOTE: Number enrolled (Box 1) must be greater or equal to the sum of Number Complete (Box 2) plus Number Exempt (Box 3). We are not counting number Conditional or Out-of-Compliance in Part B. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to Box 3. See back for explanations of these requirements.

PART C: Please complete only for kindergarten and 6th grade.

SECTION 1	SECTION 2	SECTION 3	SECTION 4	SECTION 5	SECTION 6	SECTION 7	SECTION 8	SECTION 9	SECTION 10	SECTION 11	SECTION 12	SECTION 13	SECTION 14	SECTION 15	SECTION 16	SECTION 17	SECTION 18	SECTION 19	SECTION 20	

The number of students in each of these fields is based on whether they meet school entry requirements for their grade. This status is based on the Certificate of Immunization Status (CIS) you have on file for each student and the Certificate of exemption (COE) you have on file for students with exemptions to school entry requirements.

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to the sum of 3 + 4 + 5

Part B: All schools must complete for all students in all grades

Boxes 1, 2, and 3: Number of students enrolled, complete, and exempt

Part B, box 1. Enter the total head count for all students in all grades at the school on the date you prepare the report.

Part B, box 2. Enter the number of students who are fully immunized or immune, and have a complete and signed CIS on file. Do not count students in this box if they are missing the CIS, have any exemptions, are in conditional status, or out of compliance.

NUMBER OF STUDENTS ENROLLED K - 12	NUMBER OF STUDENTS COMPLETE / IMMUNE	NUMBER OF STUDENTS EXEMPT
1	2	3

Part B, box 3. Enter the number of students who have a signed COE on file. Count each student only once, regardless if their COE shows multiple exemptions. Do not count students in this box if they are already counted as complete (box 2), are conditional, or out of compliance.

Common issues with Part B, boxes 1, 2, and 3: Currently we are not collecting the total number of students in all grades who are conditional or out of compliance. So, the sum of box 2 (number complete) and 3 (number exempt) can be less than the total enrollment (box 1). In fact, the sum of box 2 and 3 should *never* be greater than box 1.

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to the sum of 3 + 4 + 5

Part B: All schools must complete for all students in all grades

Boxes 3a-3d: Number of students exempt by category

How to Report:

PART A: All schools must complete.

Date: _____

1. Preferred: Report online using the state Immunization Information

Part B, box 3a. Enter the number of students who have a COE that indicates a temporary or permanent Medical exemption, even if they have other types of exemptions on the COE.

3. Special Circumstances: Complete this form and email or mail to the

City, State, Zip: _____ Email: _____

Part B, box 3b. Enter the number of students who have a COE that indicates a personal/philosophical exemption, even if they have other types of exemptions on the COE.

PART B: All schools must complete. This section counts all your students in all the grades in your school from kindergarten through 12th (K-12).

Part B, box 3c. Enter the number of students who have a COE that indicates a Religious exemption, even if they have other types of exemptions on the COE.

NUMBER OF STUDENTS EXEMPT BY CATEGORY			
MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP
3a ^{3a}	3b ^{3b}	3c ^{3c}	3d ^{3d}

Part B, box 3d. Enter the number of students who have a COE that indicates a Religious Membership exemption, even if they have other types of exemptions on the COE.

Common issues with Part B, boxes 3a-3d: each student can have any combination of exemption types, so count each student in each exemption box (3a, 3b, 3c, and 3d) based on their COE. Thus, the total of boxes 3a, 3b, 3c, or 3d must be equal or greater than box 3 (the total students with any exemption). If you think a COE is completed incorrectly, clarify with the parent (who may need to talk to their healthcare provider). Please don't guess which exemptions the parent requested.

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes 3a + 3b + 3c + 3d + 1 + 1 must be greater or equal to the sum of 3 + 4 + 5

Part B: All schools must complete for all students in all grades

Boxes A-F: Number of students exempt for each vaccine

Please read instructions below and on the other side before completing this form.

Part B, box A. Enter the number of students with COEs that are marked for diphtheria, tetanus, or both.

Part B, box B. Enter the number of students with COEs that are marked for pertussis (whooping cough). If a parent requested an exemption just for diphtheria, tetanus, or both, do not count the student here.

Part B, box C. Enter the number of students with COEs that are marked for polio.

Part B, box D. Enter the number of students with COEs that are marked for measles, mumps, rubella, or any combination of the three.

STUDENTS ENROLLED In All Grades (K-12)	NUMBER OF STUDENTS COMPLETE / IMMUNE In All Grades (K-12)	NUMBER OF STUDENTS EXEMPT In all Grades (K-12)	TOTAL NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE	
			MEDICAL	PER
1	2	3	3a	

DIPHTHERIA / TETANUS
A

PERTUSSIS
B

POLIO
C

MMR
D

HEP B
E

VARICELLA
F

NOTE: Number enrolled (Box 1) must be greater or equal to the sum of Number Complete and Number Exempt in Part B. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to the sum of boxes 1 + 2. See the instructions for more explanations of these requirements.

Part B, box E. Enter the number of students with COEs that are marked for hepatitis B.

Part B, box F. Enter the number of students with COEs that are marked for varicella (chickenpox).

Common issues with Part B, boxes A-F: each student can have an exemption to any or all vaccines for any reason. Count each student in each vaccine box (A, B, C, D, E, and F) based on their COE. A student can be counted in more than one box A, B, C, D, E, or F. Therefore, the sum of boxes A, B, C, D, E, and F must be equal or greater than box 3 (the total number of students with an exemption).

**Does your school have a
kindergarten,
a sixth grade,
or both?**

No – You can stop here

Yes – CONTINUE to next section of instructions

Part C: Schools with kindergartens and sixth grades must complete

How to Report:

1. **Preferred:** Report online using the state Immunization Information System (www.waiis.wa.gov)
2. **Acceptable:** Report using the export feature of your school's electronic Student Information System. Email the data file (csv or xls) to oi cpschools@doh.wa.gov
3. **Special Circumstances:** Complete this form and email or mail to the department. Please contact us to discuss this reporting method at oi cpschools@doh.wa.gov.

PART A: All schools must complete.

Date: _____

School Name: _____

Completed by: _____

School Building Code: _____

Mailing Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

County: _____

At this school, we have the following grades: from: _____ to: _____

Public School District: _____

PART B: All schools must complete. This section counts all your students in all the grades in your school from kindergarten through 12th (K-12).

NUMBER OF STUDENTS ENROLLED In All Grades (K-12)	NUMBER OF STUDENTS COMPLETE / IMMUNE In All Grades (K-12)	NUMBER OF STUDENTS EXEMPT In all Grades (K-12)	NUMBER OF STUDENTS EXEMPT BY CATEGORY In All Grades (K-12)				TOTAL NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE In All Grades (K-12)					
			MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP	DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
1	2	3	3a	3b	3c	3d	A	B	C	D	E	F

NOTE: Number enrolled (Box 1) must be greater or equal to the sum of Number Complete (Box 2) plus Number Exempt (Box 3). We are not counting number Conditional or Out-of Compliance in Part B. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to Box 3. See back for explanations of these requirements.

PART C: Please complete only for kindergarten and 6th grade.

GRADE LEVEL	SECTION 1 ENROLLMENT	SECTION 2 IMMUNIZATION STATUS							SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE						
	NUMBER OF STUDENTS ENROLLED	NUMBER OF STUDENTS COMPLETE / IMMUNE	NUMBER OF STUDENTS EXEMPT	NUMBER OF STUDENTS EXEMPT BY CATEGORY				NUMBER OF STUDENTS CONDITIONAL	NUMBER OF STUDENTS OUT OF COMPLIANCE	DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
				MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP								
KINDERGARTEN ONLY	1	2	3	3a	3b	3c	3d	4	5	A	B	C	D	E	F
6 TH GRADE ONLY	1	2	3	3a	3b	3c	3d	4	5	A	B	C	D	E	F

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to the sum of 3 + 4 + 5

Part C: Schools with kindergartens

Number of kindergartners enrolled, complete, conditional, and out of compliance

Part C, top row, box 1. Enter the number of students in kindergarten based on the total head count on the date you prepare the report.

Part C, top row, box 2. Enter the number of kindergartners who are fully immunized or immune and have a complete and signed CIS on file. Do not count kindergartners in this box if they have a signed COE, are in conditional status, or are out of compliance.

Part C, top row, box 4. Enter the number of kindergartners who are missing required vaccines and are making progress to get vaccinated within 30 days of school entry. Do not count kindergartners in this box if they are complete, have a signed COE for the missing vaccines, or are out of compliance. After 30 days, these students are out of compliance.

Part C, top row, box 5. Enter the number of kindergartners who are missing vaccines or are not making progress to get vaccinated, and it is after 30 days of school entry. Do not count kindergartners in this box if they are complete, have a signed COE, or are in conditional status.

GRADE LEVEL	SECTION 1 ENROLLMENT		SECTION 2 IMMUNIZATION STATUS						SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE					
	NUMBER OF STUDENTS ENROLLED	NUMBER OF STUDENTS COMPLETE / IMMUNE	NUMBER OF STUDENTS EXEMPT BY CATEGORY				NUMBER OF STUDENTS CONDITIONAL	NUMBER OF STUDENTS OUT OF COMPLIANCE	DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
	1	2	3a	3b	3c	3d	4	5	A	B	C	D	E	F
KINDERGARTEN ONLY	1	2	3a	3b	3c	3d	4	5	A	B	C	D	E	F

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to the sum of 3 + 4 + 5

Part C: Schools with kindergartens

Number of kindergartners exempt by category

Part C, top row, box 3. Enter the number of kindergartners who have a signed COE on file. Count each student only once, regardless if their COE shows multiple exemptions. Do not count kindergartners in this box if they are counted as complete (Box 2), are in conditional status (Box 4), or are out of compliance (Box 5).

Part C, top row, box 3a. Enter the number of kindergartners who have a COE that indicates a temporary or permanent medical exemption, even if they have other types of exemptions on the COE.

Part C, top row, box 3b. Enter the number of kindergartners who have a COE that indicates a personal/philosophical exemption, even if they have other types of exemptions on the COE.

Part C, top row, box 3c. Enter the number of kindergartners who have a COE that indicates a religious exemption, even if they have other types of exemptions on the COE.

Part C, top row, box 3d. Enter the number of kindergartners who have a COE that indicates a religious membership exemption, even if they have other types of exemptions on the COE.

GRADE LEVEL	SECTION 1 ENROLLMENT	NUMBER OF STUDENTS ENROLLED	SECTION 2 IMMUNIZATION STATUS					NUMBER OF STUDENTS OUT OF COMPLIANCE	SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE					
	NUMBER OF STUDENTS EXEMPT		NUMBER OF STUDENTS EXEMPT BY CATEGORY				DIPHTHERIA / TETANUS		PERTUSSIS	POLIO	MMR	HEP B	VARICELLA	
KINDERGARTEN ONLY	1	3	3	MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP	5	A	B	C	D	E	F
6 TH GRADE ONLY	1	5	5	3a	3b	3c	3d	5	A	B	C	D	E	F

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 3a + 3b + 3c + 3d. The sum of boxes A + B + C + D + E + F must be greater or equal to Box 3. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to Box 3. See back for more information.

Part C: Schools with kindergartens

Number of kindergartners exempt, conditional or out of compliance for each vaccine type

Please read instructions below and on the other side before completing this form.

Part C, top row, box A. Enter the number of kindergartners who are missing required doses of diphtheria, tetanus, or both for any reason: exempt, conditional or out of compliance for these vaccines.

Part C, top row, box B. Enter the number of kindergartners missing required doses of pertussis (whooping cough) for any reason. If a parent requested an exemption just for diphtheria, tetanus, or both, do not count the student here.

Part C, top row, box C. Enter the number of kindergartners who are missing required doses of polio for any reason.

Part C, top row, box D. Enter the number of kindergartners who are missing required doses of measles, mumps, rubella, or any combination of the three for any reason.

Part C, top row, box E. Enter the number of kindergartners who are missing required doses of hepatitis B for any reason..

Part C, top row, box F. Enter the number of kindergartners who are missing required doses of varicella (chickenpox) for any reason.

GRADE LEVEL	ENROLLMENT		NUMBER OF STUDENTS EXEMPT BY CATEGORY				NUM STU CONC
	NUMBER OF STUDENTS ENROLLED	NUMBER OF STUDENTS COMPLETE/ IMMUNE	NUMBER OF STUDENTS EXEMPT	MEDICAL	PERSONAL	RELIGIOUS	
KINDERGARTEN ONLY	1	2	3	3a	3b	3c	3d
6 TH GRADE ONLY	1	2	3	3a	3b	3c	3d

SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE					
DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
A	B	C	D	E	F

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to the sum of 3 + 4 + 5

Part C: Schools with sixth grades

Number of sixth graders enrolled, complete, conditional, and out of compliance

Part C, bottom row, box 1. Enter the number of students in sixth grade based on the total head count on the date you prepare the report.

Part C, bottom row, box 2. Enter the number of sixth graders who are fully immunized or immune and have a complete and signed CIS on file. Do not count sixth graders in this box if they have a signed COE, are in conditional status, or are out of compliance.

Part C, bottom row, box 4. Enter the number of sixth graders who are missing required vaccines and are making progress to get vaccinated within 30 days of school entry. Do not count sixth graders in this box if they are complete, have a signed COE for the missing vaccines, or are out of compliance. After 30 days, these students are out of compliance.

Part C, bottom row, box 5. Enter the number of sixth graders who are missing vaccines or are not making progress to get vaccinated, and it is after 30 days of school entry. Do not count sixth graders in this box if they are complete, have a signed COE, or are in conditional status.

PART C: Please complete only for kindergarten and 6th grade.

GRADE LEVEL	SECTION 1 ENROLLMENT		SECTION 2 IMMUNIZATION STATUS				SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE							
	NUMBER OF STUDENTS ENROLLED	NUMBER OF STUDENTS COMPLETE / IMMUNE	NUMBER OF STUDENTS EXEMPT BY CATEGORY				NUMBER OF STUDENTS CONDITIONAL	NUMBER OF STUDENTS OUT OF COMPLIANCE	DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
			3a	3b	3c	3d	4	5	A	B	C	D	E	F
6 TH GRADE ONLY	1	2	3a	3b	3c	3d	4	5	A	B	C	D	E	F

NOTE: BOX 1 MUST EQUAL THE SUM OF BOXES 2 + 3 + 4 + 5. THE SUM OF BOXES 3a + 3b + 3c + 3d MUST BE GREATER OR EQUAL TO BOX 3. THE SUM OF BOXES A + B + C + D + E + F MUST BE GREATER OR EQUAL TO THE SUM OF 3 + 4 + 5

Part C: Schools with sixth grades

Number of sixth graders exempt by category

Part C, bottom row, box 3. Enter the number of sixth graders who have a signed COE on file. Count each student only once, regardless if their COE shows multiple exemptions. Do not count sixth graders in this box if they are counted as complete (Box 2), are in conditional status (Box 4), or are out of compliance (Box 5).

Part C, bottom row, box 3a. Enter the number of sixth graders who have a COE that indicates a temporary or permanent Medical exemption, even if they have other types of exemptions on the COE.

Part C, bottom row, box 3b. Enter the number of sixth graders who have a COE that indicates a Personal/Philosophical exemption, even if they have other types of exemptions on the COE.

Part C, bottom row, box 3c. Enter the number of sixth graders who have a COE that indicates a Religious exemption, even if they have other types of exemptions on the COE.

Part C, bottom row, box 3d. Enter the number of sixth graders who have a COE that indicates a Religious Membership exemption, even if they have other types of exemptions on the COE.

GRADE LEVEL	SECTION 1 ENROLLMENT	NUMBER OF STUDENTS ENROLLED	SECTION 2 IMMUNIZATION STATUS					NUMBER OF STUDENTS OUT OF COMPLIANCE	SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE					
	NUMBER OF STUDENTS EXEMPT		NUMBER OF STUDENTS EXEMPT BY CATEGORY				DIPHTHERIA / TETANUS		PERTUSSIS	POLIO	MMR	HEP B	VARICELLA	
				MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP		A	B	C	D	E	F
KINDERGARTEN ONLY	1		3	3a	3b	3c	3d	5	A	B	C	D	E	F
6 TH GRADE ONLY	1		3	3a	3b	3c	3d	5	A	B	C	D	E	F

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 3a + 3b + 3c + 3d. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to Box 3. See back for more information.

Part C: Schools with sixth grades

Number of sixth graders exempt, conditional or out of compliance for each vaccine type

Please read instructions below and on the other side before completing this form.

Part C, bottom row, box A. Enter the number of sixth graders who are missing required doses of diphtheria, tetanus, or both for any reason: exempt, conditional or out of compliance for these vaccines.

Part C, bottom row, box B. Enter the number of sixth graders who are missing required doses of pertussis (whooping cough) for any reason. If a parent requested an exemption just for diphtheria, tetanus, or both, do not count the student here.

Part C, bottom row, box C. Enter the number of sixth graders who are missing required doses of polio for any reason.

Part C, bottom row, box D. Enter the number of sixth graders who are missing required doses of measles, mumps, rubella, or any combination of the three for any reason.

Part C, bottom row, box E. Enter the number of sixth graders who are missing required doses of hepatitis B for any reason.

Part C, bottom row, box F. Enter the number of sixth who are missing required doses of varicella (chickenpox) for any reason.

GRADE LEVEL	SECTION 2 IMMUNIZATION STATUS							
	ENROLLMENT	NUMBER OF STUDENTS COMPLETE / IMMUNE	NUMBER OF STUDENTS EXEMPT	NUMBER OF STUDENTS EXEMPT BY CATEGORY				NUM STU COND
	NUMBER OF STUDENTS ENROLLED			MEDICAL	PERSONAL	RELIGIOUS	RELIGIOUS MEMBERSHIP	
KINDERGARTEN ONLY	1	2	3	3a	3b	3c	3d	
6 TH GRADE ONLY	1	2	3	3a	3b	3c	3d	

SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE					
DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MMR	HEP B	VARICELLA
A	B	C	D	E	F

NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to the sum of 3 + 4 + 5

School reporting references

- Blank school report form: www.doh.wa.gov/Portals/1/Documents/Pubs/348-014a-RequiredSchoolImmunizationStatusReport.pdf
- School Immunization Status reporting instruction webpage: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting.aspx
- School immunization reporting FAQs: www.doh.wa.gov/Portals/1/Documents/Pubs/348-330-SchoolImmsReportingFAQ.pdf
- Main school and child care immunization webpage: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.aspx
- Training materials on use of the Washington State Immunization Information System (IIS):
 - IIS Reporting Training Guide: www.doh.wa.gov/Portals/1/Documents/Pubs/348-317-SMReportingTrainingGuide.pdf
 - IIS Reporting Quick Reference Guide: www.doh.wa.gov/Portals/1/Documents/Pubs/348-328-SMReportingQuickRefGuide.pdf
 - IIS Reporting training video: <http://dohmedia.doh.wa.gov/cfh/finalschoolmoduletrainingvideo1/finalschoolmoduletrainingvideo1.html>
- Questions? Email our school support mailbox: ocpschools@doh.wa.gov