

REQUIRED SCHOOL IMMUNIZATION STATUS REPORT FOR SCHOOL YEAR 2011-2012 (RCW 28A.210.110)



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

NOTE: Use this form **ONLY** for school-age students (K-12) enrolled in school on the date you prepare the report.

Please complete and submit your report online by November 1, 2011 at:

<https://fortress.wa.gov/doh/immenu>

Or mail this completed report by Nov 1, 2011 to:

Washington State Department of Health
Immunization Program CHILD Profile
111 Israel Rd. SE, 3rd Floor
PO Box 47843
Olympia, WA 98504-7843

We do not accept faxed reports.

If you have questions, please call 1-866-397-0337, (360) 236-3565, or (360) 236-3527.

PART A: All schools must complete.

School Name: _____

Mailing Address: _____

City, State, Zip: _____

County: _____

District: _____

Check all that apply:

- New School
- Name change (Previous Name _____)
- Closed

Date: _____

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

Completed by: _____

Phone: _____

Do you track student immunizations on a computer system?
 Yes No If yes, write System Name: _____

Check all that apply:

- Inactive/temporary closure
- No immunization records kept on site/students accounted for on report for their school of registry
- Juvenile detention center/Residential treatment

PART B: All schools must complete.

NUMBER OF STUDENTS ENROLLED K - 12	TOTAL NUMBER OF STUDENTS EXEMPT	NUMBER OF STUDENTS EXEMPT BY CATEGORY			TOTAL NUMBER OF STUDENTS K - 12 EXEMPT FOR EACH VACCINE											
		MEDICAL	PERSONAL	RELIGIOUS	DIPHThERIA/TETANUS	PERTUSSIS	POLIO	MEASLES		MUMPS		RUBELLA		HEP B	VARICELLA	
	4	1	2	3	A	B	C	D#1	D#2	E#1	E#2	F#1	F#2	G	H#1	H#2

Box 4 = 1 + 2 + 3.

Total of A + B + C + D#1 + D#2 + E#1 + E#2 + F#1 + F#2 + G + H#1 + H#2 must be equal to or greater than box 4.

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

GRADE LEVEL	SECTION 1	SECTION 2				SECTION 3											
	ENROLLMENT	IMMUNIZATION STATUS				TOTAL NUMBER OF STUDENTS WHOSE STATUS IS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE.											
	NUMBER OF STUDENTS ENROLLED	NUMBER COMPLETE/IMMUNE	NUMBER EXEMPT	NUMBER CONDITIONAL	NUMBER OUT OF COMPLIANCE	DIPHThERIA/TETANUS	PERTUSSIS	POLIO	MEASLES		MUMPS		RUBELLA		HEP B	VARICELLA	
KINDER GARTEN ONLY	5	1	2	3	4	A	B	C	D#1	D#2	E#1	E#2	F#1	F#2	G	H#1	H#2
6TH GRADE ONLY	5	1	2	3	4	A	B	C	D#1	D#2	E#1	E#2	F#1	F#2	G	H#1	H#2

Box 5 = 1 + 2 + 3 + 4.

Total of A + B + C + D#1 + D#2 + E#1 + E#2 + F#1 + F#2 + G + H#1 + H#2 must be equal to or greater than boxes 2 + 3 + 4.

Explanations on the other side.

EXPLANATIONS

PART A – All schools must complete this section.

School	Enter the name of the school that completed this report. Usually, the preprinted on the form is the correct school. If you copy a preprinted form for use by another school, please change the name of the school. Also, indicate if the school's name changed from the previous year.
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PART B – All schools must complete this section.

Number of Students Enrolled K-12	Enter total number of students in all grades at the school on the date you prepare this report.
Total Number of Students Exempt	Enter total number of students in all grades with signed Certificate of Exemption (COE) forms.
Number of Students Exempt by Category Medical Personal/Philosophical Religious	Enter number of students with a signed medical exemption on his or her COE form. Enter number of students with a signed personal/philosophical exemption on his or her COE form. Enter number of students with a signed religious exemption on his or her COE form.
Total Number of Students K-12 Exempt for Each Vaccine	Enter number of students exempt for each vaccine. The numbers here must be equal to or greater than the number of students exempt.

PART C – Complete this section for kindergarten and 6th grade students only.

SECTION 1: Enter the number of students enrolled for kindergarten and 6th grade at the school on the date you prepare this report.

SECTION 2: All kindergarten and 6th grade students must be accounted for in one of the four Immunization Status Categories. The sum of all the categories in SECTION 2 must equal the number given in SECTION 1 (this means that # complete/immune + # exempt + # conditional + # out of compliance = # of students enrolled).

1. Number of Complete/Immune	Enter number of students who have presented a signed CIS form showing sufficient immunization dates to meet the schedule or documented immunity.
2. Number Exempt	Enter number of students who have presented a signed COE form certifying that he or she is exempt for one or more vaccines for medical, personal/philosophical, or religious reasons.
3. Number Conditional	Enter number of students who have presented a signed CIS form who do not meet the requirements, but have proof of initiation or continuation of a schedule of immunizations AND are within the recommended interval for the next dose. Determine what doses the student needs. Request documentation when the student gets the dose(s).
4. Number Out of Compliance	Enter number of students who do not have a signed, completed CIS form and those who are not exempt but also have not received immunizations required for their age. Out of compliance students should be excluded from school until they meet the requirements.

SECTION 3: For those students indicated in SECTION 2 as being exempt, conditional, or out of compliance (see above for definitions), add the specific immunization status totals and enter them in the appropriate boxes in SECTION 3.

For more information about vaccine requirements, please see the [Vaccines Required for School Attendance, Grades K-12](#) chart.