

2014-2015 Annual Report of Immunization Status

SECTION 1: DISTRICT/NON-PUBLIC SCHOOL INFORMATION (ALL SCHOOLS must complete Section 1.)

(A)	(B)	(C)	(D)	(E)	(F)
Name of School District or Non- public School	Facility ID Number	FIN	Mailing Address	Name & Title of Person Completing Form	Email and Phone Number

Please complete the following information for your district/non-public school. **K-12 Only**

(G) What is the total number of conscientious exemption forms filed in your district/non-public school for K-12? _____

(H) What is your total district/non-public school enrollment for K-12? _____

SECTION 2: IMMUNIZATION STATUS

Table 1: PRE-KINDERGARTEN

(I) Total # of schools in your district with grade Pre-K? _____ **(J)** Total enrollment for grade Pre-K? _____ **(K)** Total # of Pre-K students with a conscientious exemption? (only include exemptions for vaccines listed below) _____ **(L)** Total # Pre-K students without an immunization record? _____

Columns 1, 2, 3, 4, and 5 MUST total Column 6

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not Current	(6) Total from Columns 1-5
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	
Pneumococcal (PCV)						
Hepatitis A						

Table 2: KINDERGARTEN

(M) Total # of schools in your district with grade K? _____ **(N)** Total enrollment for grade K? _____ **(O)** Total # of K students with a conscientious exemption? (must be equal to or less than Column 3) _____ **(P)** Total # K students without an immunization record? _____

Columns 1, 2, 3, 4, and 5 MUST total Column 6

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not Current	(6) Total from Columns 1-5
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	
DTaP						
Hepatitis A						
Hepatitis B						
MMR (2 doses)						
Polio						
Varicella (2 doses)						

Table 3: 7th GRADE

(Q) Total # of schools in your district with 7th grade? _____ **(R)** Total enrollment for 7th grade? _____ **(S)** Total # 7th grade students with a conscientious exemption? (must be equal to or less than Column 3) _____ **(T)** Total # 7th grade students without an immunization record? _____

Columns 1, 2, 3, 4, and 5 MUST total Column 6

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not Current	(6) Total from Columns 1-5
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	
Tdap/Td						
Hepatitis B						
MMR (2 doses)						
Varicella (2 doses)						
Polio						
Meningococcal						

