



STATE OF IDAHO SCHOOL IMMUNIZATION REPORT



Report Period 2016-2017	Name of School	School District #	Type of School Public <input type="checkbox"/> Private <input type="checkbox"/> Charter	
Date of Report (MM/DD/YY)	Name and Title of Person Completing Report		E-mail Address	
School Address	City	State ID	Zip	County
			Phone (208) _____ - _____	
			Kindergarten	First Grade
			Seventh Grade	
A. Total number of ADEQUATELY IMMUNIZED students				
<i>Total number of children with an immunization record on file at the school documenting that all school required immunizations have been received.</i>				
B. Total number of CONDITIONALLY ADMITTED students				
<i>Total number of students that were Conditionally Admitted and are <u>currently</u> on schedule for subsequent immunizations.</i>				
C. Total number of students with an EXEMPTION on file at the school				
• Total number of students with MEDICAL exemptions				
• Total number of students with RELIGIOUS exemptions				
• Total number of students with PHILOSOPHICAL/PERSONAL exemptions				
D. Total number of INCOMPLETE students				
<i>Total number of students missing 1+ valid doses of a required vaccine and does not have the still-needed doses scheduled or has failed to follow the Schedule of Intended Immunizations form.</i>				
E. Total number of students with NO RECORD on file at the school				
<i>Total number of students who have no immunization record on file at the school</i>				
F. TOTAL ENROLLMENT				
<i>Total number of students enrolled in each of the following grades (Sum of Sections A+B+C+D+E)</i>				
G. DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DTP, DT, Td)				
<i>5 doses required for children born after 9/1/1999, otherwise 4 doses are required</i>				
• Adequately Immunized – Total number of students adequately immunized with DTaP				
• Conditionally Admitted – Total number of students conditionally admitted for DTaP				
• Exempt – Total number of students exempted from DTaP				
• Incomplete – Total number of students missing 1+ doses of DTaP				
• No Record – Total number of students with no immunization record (must match Section E)				
H. POLIO (IPV, OPV)				
<i>4 doses required for children born after 9/1/2005, otherwise 3 doses are required</i>				
• Adequately Immunized – Total number of students adequately immunized with Polio				
• Conditionally Admitted – Total number of students conditionally admitted for Polio				
• Exempt – Total number of students exempted from Polio				
• Incomplete – Total number of students missing 1+ doses of Polio				
• No Record – Total number of students with no immunization record (must match Section E)				
I. MEASLES, MUMPS, RUBELLA (MMR, MMRV)				
<i>2 doses required if born after 9/1/1999, otherwise 1 dose is required</i>				
• Adequately Immunized – Total number of students adequately immunized with MMR				
• Conditionally Admitted – Total number of students conditionally admitted for MMR				
• Exempt – Total number of students exempted from MMR				
• Incomplete – Total number of students missing 1+ doses of MMR				
• No Record – Total number of students with no immunization record (must match Section E)				

	Kindergarten	First Grade	Seventh Grade
J. HEPATITIS B <i>3 doses required for all children</i>			
• Adequately Immunized – Total number of students adequately immunized with Hep B			
• Conditionally Admitted – Total number of students conditionally admitted for Hep B			
• Exempt – Total number of students exempted from Hep B			
• Incomplete – Total number of students missing 1+ doses of Hep B			
• No Record – Total number of students with no immunization record (must match Section E)			
K. VARICELLA (CHICKENPOX) <i>2 doses required if born after 9/1/2005, otherwise zero doses are required</i>			
• Adequately Immunized – Total number of students adequately immunized with Varicella			
• History of chickenpox disease <u>documented</u> by licensed health care professional			
• Conditionally Admitted – Total number of students conditionally admitted for Varicella			
• Exempt	Exemption claimed for medical, religious, or personal reasons		
	Exemption claimed for chickenpox disease HISTORY not documented by physician		
• Incomplete – Total number of students missing 1+ doses of Varicella			
• No Record – Total number of students with no immunization record (must match Section E)			
L. HEPATITIS A <i>2 doses required if born after 9/1/2005, otherwise zero doses are required</i>			
• Adequately Immunized – Total number of students adequately immunized with Hep A			
• Conditionally Admitted – Total number of students conditionally admitted for Hep A			
• Exempt – Total number of students exempted from Hep A			
• Incomplete – Total number of students missing 1+ doses of Hep A			
• No Record – Total number of students with no immunization record (must match Section E)			
M. TETANUS, DIPHTHERIA, PERTUSSIS BOOSTER (Tdap) – Please note: Td does NOT meet this requirement <i>1 dose is required for 7th grade – Conditional Admission is not available for Tdap as only 1 dose is required</i>			
• Adequately Immunized – Total number of students adequately immunized with Tdap			
• Exempt – Total number of students exempted from Tdap			
• Incomplete – Total number of 7th graders missing the single dose of Tdap			
• No Record – Total number of students with no immunization record (must match Section E)			
N. MENINGOCOCCAL (Menactra (MCV4), Menomune (MPSV4)) <i>1 dose is required for 7th grade – Conditional Admission is not available for Meningococcal as only 1 dose is required</i>			
• Adequately Immunized – Total number of students adequately immunized with Meningococcal			
• Exempt – Total number of students exempted from Meningococcal			
• Incomplete – Total number of 7th graders missing the single dose of Meningococcal			
• No Record – Total number of students with no immunization record (must match Section E)			

1. This report is required by IDAPA 16.02.15. Idaho Administrative Code, Department of Health and Welfare.
 2. The school should retain a copy of this report for its records.