



STATE OF IDAHO SCHOOL IMMUNIZATION REPORT



Report Period 2009-2010	Name of School	School District #	Type of School Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/>
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 ENROLLMENT			
Total number of students enrolled in the following grades (<i>Write 0 in the box and select "No enrollment" to indicate that no students are enrolled and "Grade not offered" if the grade is not offered at the school</i>)			
No enrollment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade not offered <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. TOTAL COMPLETE			
Number of students who have completed all required immunizations (EXCLUDE students with exemption forms or no record on file)			
C. EXEMPTIONS (Number of students with an exemption form on file)			
Total number of students with MEDICAL exemptions			
Total number of students with RELIGIOUS exemptions			
Total number of students with PERSONAL exemptions			
D. NO RECORDS			
Total number of students with no record on file			
E. INCOMPLETE			
Number of students missing one or more doses of a required immunization (EXCLUDE Exemptions or No Records here)			
F. VALIDATION (Complete this section for each grade)			
Total Section B (Total Complete) + Section C (Exemptions) + Section D (No Records) + Section E (Incomplete) = Section A (Total Enrollment). If your numbers do not add up, please re-check for accuracy.			
G. DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DTP, DT, Tdap, Td) <i>5 doses required if born after 9/1/1999, otherwise 4 doses are required</i>			
Total number of students COMPLETE (EXCLUDE Exempted students and No Records)			
Number of students missing 1 or more doses of DTaP (EXCLUDE Exempted students and No Records)			
Number of students EXEMPTED from DTaP			
H. POLIO (IPV, OPV) <i>3 doses required for all grades</i>			
Total number of students COMPLETE (EXCLUDE Exempted students and No Records)			
Number of students missing 1 or more doses of Polio (EXCLUDE Exempted students and No Records)			
Number of students EXEMPTED from Polio			
I. MEASLES, MUMPS, RUBELLA (MMR, MMRV) <i>2 doses required if born after 9/1/1999, otherwise 1 dose is required</i>			
Total number of students COMPLETE (EXCLUDE Exempted students and No Records)			
Number of students missing 1 or more doses of MMR (EXCLUDE Exempted students and No Records)			
Number of students EXEMPTED from MMR			

* 4 doses of DTaP meets requirements if at least 1 dose was given on or after the 4th birthday.

	Kindergarten	First Grade	Seventh Grade
J. HEPATITIS B <i>3 doses required for students born after 11/22/1991</i>			
Total number of students COMPLETE (<i>EXCLUDE Exempted students and No Records</i>)			
Number of students missing 1 or more doses of Hep B (<i>EXCLUDE Exempted students and No Records</i>)			
Number of students EXEMPTED from Hepatitis B			
K. VARICELLA - CHICKEN POX (VZV, MMRV) <i>2 doses are recommended, but not required</i>			
Number of students with 2 doses (who have not had the disease)			
Number of students with ONLY 1 dose (who have not had the disease)			
Number of students who have had the disease and have NOT been vaccinated			
Number of students vaccinated and who have had the disease			
Number of students with unknown history (no notation in the Varicella section of their Lifetime Immunization Record, INCLUDE Exempted students and No Records)			
L. HEPATITIS A <i>2 doses are recommended, but not required</i>			
Number of students with 2 doses			
Number of students with ONLY 1 dose			
Number of students with no vaccine history (INCLUDE Exempted students and No Records)			
M. TETANUS, DIPHTHERIA, PERTUSSIS BOOSTER (Td, Tdap) <i>1 dose is recommended for adolescents (11 years and older), but not required</i>			
Number of students with 1 dose			
Number of students with no vaccination history (INCLUDE Exempted students and No Records)			
N. MENINGOCOCCAL (Menacra (MCV4), Menomune (MPSV4)) <i>1 dose is recommended for adolescents (11 years and older), but not required</i>			
Number of students with 1 dose			
Number of students with no vaccination history (INCLUDE Exempted students and No Records)			

SUMMARY OF IMMUNIZATION REQUIREMENTS¹

Immunization Requirement	Child born after September 1, 1999	Child born on or before September 1, 1999
Measles, Mumps, and Rubella (MMR)	2 doses	1 dose
Diphtheria, Tetanus	5 doses	4 doses
Pertussis	5 doses	4 doses
Polio	3 doses	3 doses
Hepatitis B	3 doses	3 doses*

*Hepatitis B: 3 doses are required unless the child was born on or before November 22, 1991.

1. This report is required by IDAPA 16.02.15. Idaho Administrative Code, Department of Health and Welfare.
 2. This report may be submitted electronically at: <https://iris.idaho.gov> or faxed to (208) 334.4914 before **November 1, 2009**.
 3. The school should retain a copy for its records.