



ANNUAL COLLEGE IMMUNIZATION REPORT

Report as of calendar day 30 after the first day of attendance

1. County _____
2. School Type (*check one*)
 Public Private Independent Private Religious Other
3. College/University Name

4. Address

5. City _____
6. Zip Code _____
7. Phone Number
(_____) _____ - _____
8. Health Services Director's Name

9. Health Services Director's email

10. Name of person completing report _____
11. Title of person completing report

12. Email of person completing report

13. Does your school have any new undergraduate or graduate students enrolled for the 2016-2017 school year? (*circle one*) Yes No

IMMUNIZATION SUMMARY

- 14a. Official School Start Date _____ / _____ / _____
- 14b. Date of Immunization Assessment _____ / _____ / _____
15. Total new undergraduate and graduate student enrollment _____
 Please do not report on student immunization status until 30 calendar days after the start of the new school year. Do not count students who came into compliance after 30 calendar days in school.
16. Students with an immunization record and no exemptions on file _____
17. Students with an immunization record and an exemption on file _____
18. Students with only a medical and/or religious exemption on file and no immunization record _____
19. Students with neither an immunization record nor exemption on file + _____
20. Total number of students reviewed (*sum of #16-#19*) _____

Calculate #20 by adding #16-#19. The total new undergraduate and graduate student enrollment (#15) should match the total number of students reviewed (#20). Please verify that you have reviewed all students' records and that your enrollment numbers are correct if they do not match.

MEDICAL EXEMPTIONS

21. Of those students who have an exemption for immunizations, how many of them are for medical reasons? _____
22. How many of those students are medically exempt for all vaccines? _____
23. Of those students who are not medically exempt for all vaccines, how many are exempt for:
- | | | | |
|-------------|-------|-----------------|-------|
| a. Td/Tdap? | _____ | c. MMR? | _____ |
| b. Polio? | _____ | d. Hepatitis B? | _____ |

RELIGIOUS EXEMPTIONS

24. Of those students who have an exemption for immunizations, how many of them are for religious reasons? _____
25. How many students are religiously exempt for:
- | | | | |
|-------------|-------|-----------------|-------|
| a. Td/Tdap? | _____ | c. MMR? | _____ |
| b. Polio? | _____ | d. Hepatitis B? | _____ |

VACCINE COVERAGE

26. How many students are up-to-date on all required vaccines? _____
27. Of those students who have an immunization record on file, how many are up-to-date for:
- | | | | |
|-----------------------|-------|---------------------------|-------|
| a. Td/Tdap (3 doses)? | _____ | c. MMR (2 doses)? | _____ |
| b. Polio (3 doses)? | _____ | d. Hepatitis B (3 doses)? | _____ |

COMPLIANCE

28. How many students are missing documentation for:
- | | | | |
|-------------|-------|-----------------|-------|
| a. Td/Tdap? | _____ | c. MMR? | _____ |
| b. Polio? | _____ | d. Hepatitis B? | _____ |
29. How many students did not meet the minimum immunization requirements by the first day of registration and were given 30 calendar days to meet the requirements? _____
30. How many did not meet the minimum immunization requirements as of the assessment date? _____
31. How many students were noncompliant on the 31st calendar day and were excluded due to immunizations? _____
32. How many students were “in process” as of the 31st calendar day and will need additional time to obtain the required immunization(s)? _____