



# SCHOOL IMMUNIZATION REPORTING 2020-21

Office of Immunization and Child Profile



# WHAT IS COVERED IN THIS DOCUMENT

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- An overview of the reporting requirements
- The options for reporting
- How to collect information for the report
- How to complete the reporting survey
- Additional resources and contact info

# OVERVIEW OF SCHOOL REPORTING

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All public/private K-12 schools are required to report the immunization status of their students each year;

RCW [28A.210.110](#) and WAC [246-105-060](#) .

The Department of Health (DOH) collects the reports and processes the data which is reported to the Centers for Disease Control and Prevention and the public.

For the 2021-22 school year

- Reporting opens on 11/01/2021
- Reports are due by 12/01/2021

# SCHOOL REPORTING FOR 2021-22

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Collects the same data from three groups:

- Kindergarten
- 7th grade
- All students in any grades K-12 at the school

Report in one of the following ways

- School Module
- Complete online survey

**Spreadsheets produced from student information systems are no longer accepted.**

# Reporting: School Module

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A school with an active School Module doesn't have to report. DOH can pull the report from the module itself

A School Module is considered active if:

- the roster is kept up to date,
- missing immunization dates and exemptions are entered.

More info about the School Module:

<https://www.doh.wa.gov/SchoolModule>

# Reporting: Online Survey

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DOH sends an email to the reporter of record or the school's administrator which includes:

- Reporting Instructions/Worksheet
- Unique survey link

## Person reporting:

- Gather information needed on the Reporting Instructions/Worksheet
- Click on unique survey link in the email and completes the survey
- Check survey for error messages and corrects as needed
- Submit
- Receives a confirmation email with a copy of the report submitted



COLLECT INFORMATION FOR THE REPORT

# Collect Information

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The Immunization Status Report is a snapshot in time.

Complete the information as it is on the day you are compiling your report.

The Department of Health is aware that enrollment and the immunization status of students changes over time.

You do not need to send another report if the immunization status of your students changes after you have submitted your report.

Use the Reporting Instruction/Worksheet to collect the information you will need for the report before clicking the online survey link.



## Section A: STUDENTS ENROLLED

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First, determine the total number of students enrolled in the following categories:

- Kindergarten
- 7th grade
- Kindergarten through 12<sup>th</sup> grade
  - This is the total of all students enrolled at the school in kindergarten through 12th grade, including kindergarten and 7th grade if the school has those grades. If a school only has grades k-5 only include those students in the K-12 total, do not include students at other schools.

For example, a sample elementary school with grades K-5:

Table	Number of Students Enrolled
Kindergarten	10
Grade 7	0
Total Any Grades K-12 <sup>th</sup> at the School	50

*The total of 50 includes the 10 in kindergarten.*

## Section B: IMMUNIZATION STATUS OF EACH STUDENT

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Determine the immunization status of each student on the day you are compiling the data. Use the information on the Certificate of Immunization Status (CIS) and the Certificate of Exemption (COE).

Each student can only have **one** overall immunization status. This means a student must be categorized into one status even though a student could be complete for some required immunizations, conditional or out of compliance for others, and exempt for still others.

### **Status Categories:**

- COMPLETE
- OUT OF COMPLIANCE
- EXEMPT
- CONDITIONAL

# IMMUNIZATION STATUS OF EACH STUDENT

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## COMPLETE:

- Has a signed Certificate of Immunization Status on file, and
- Has documented immunity to **all** of the required vaccine-preventable diseases by
  - Vaccination at the appropriate ages and intervals, or
  - Health care provider documentation of immunity, or
  - Health care provider documentation of history of varicella (chickenpox) disease

See the School Requirements Charts and the Individual Vaccine Requirements Summary for details about the vaccine doses needed. Find these in the [Immunization Requirements](https://www.doh.wa.gov/SCCI) section of the School and Child Care Immunization page [www.doh.wa.gov/SCCI](https://www.doh.wa.gov/SCCI).

# Vaccines Required Chart for K-12 School 2021-2022

## Vaccines Required for School Attendance, K-12

August 1, 2021 to July 31, 2022



VACCINE	Kindergarten - 6th Grade	7th - 10th Grade	11th and 12th Grade
<b>Hepatitis B</b>	<b>3 doses</b> Last dose must be given on or after 24 weeks of age		
<b>DTaP</b> (Diphtheria, Tetanus, and Pertussis)	<b>5 doses</b> 4 doses are acceptable only IF dose 4 is given on or after the 4th birthday AND at least 6 months after dose 3.		
<b>Tdap</b> (Diphtheria, Tetanus, and Pertussis)	<b>Not Required</b>	<b>1 dose Tdap</b> (see page 2 for more details)	
<b>IPV</b> (Polio, for OPV see page 2)	<b>4 doses</b> 3 doses are acceptable only IF dose 3 is given on or after the 4th birthday. If dose 4 was given on or after August 7, 2009, it must be on or after the 4th birthday AND at least 6 months after dose 3.		<b>4 doses</b> 3 doses are acceptable only IF dose 3 is given on or after the 4th birthday.
<b>MMR</b> (Measles, Mumps, and Rubella)	<b>2 doses</b>		
<b>Varicella</b> (Chickenpox)	<b>2 doses</b> OR Health care provider verified disease history		

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information. <https://www.doh.wa.gov/SCCI>

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



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# Vaccines Required Chart page 2 for K-12 School 2021-2022

Vaccine	Dose #	Minimum Age*	Minimum Interval* Between Doses	Notes
HepB Hepatitis B	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given between ages 11 and 15. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
DTaP Diphtheria, Tetanus, and Pertussis	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. DTaP can be given to children through age 6. If catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed. A Tdap given at age 7 through 9 years of ages does not count for the 7th or 8th grade Tdap requirement. See the Individual Vaccine Requirements Summary for more details about the catch-up schedules: <a href="https://www.doh.wa.gov/SCQ">https://www.doh.wa.gov/SCQ</a>
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	
	Dose 5	4 years	—	
Tdap Tetanus, Diphtheria, and Pertussis	Dose 1	11 years See note exception	Tdap booster dose can be given regardless of	A Tdap booster dose recommended at age 11 is required for all students in grades 7-12.
IPV or OPV Polio	Dose 1	6 weeks		<p><b>A Tdap booster dose is required for all students in grades 7-12.</b></p> <p><b>For students in 7th and 8th grade, Tdap dose is acceptable if given on or after 10 years of age.</b></p> <p><b>For students in 9th through 12th grades, Tdap dose is acceptable if given on or after 7 years of age.</b></p>
	Dose 2	10 weeks		
	Dose 3	14 weeks		
	Dose 4	4 years		
MMR Measles, Mumps, and Rubella	Dose 1	12 months		
	Dose 2	13 months		
VAR Varicella (Chickenpox)	Dose 1	12 months	Age 12 months through 12 years: 3 months between dose 1 & 2 Age 13 years and older: 4 weeks between dose 1 & 2	Age 12 months through 12 years: 3 months between varicella doses is recommended, but minimum interval of 28 days is acceptable on retrospective record review. MMRV (MMR + Varicella) may be used instead of separate MMR and varicella vaccines. Live vaccines (ex: MMR, MMRV, Varicella and Flumist) must be given the same day OR at least 28 days apart, also see* footnote.
	Dose 2	15 months		

\*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, Varicella, and Flumist).

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## INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State  
SCHOOL YEAR 2021-2022

### INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule and the exceptions to the schedule. Exceptions may apply when vaccine administration errors occur or when the ACIP recommendations are not followed.

Find the ACIP schedules here: [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

# IVRS: Individual Vaccine Requirements Summary

List details of the  
vaccination rules,  
exceptions to the rules  
and catch-up schedules.

Updated annually and  
available on our website:  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# IMMUNIZATION STATUS OF EACH STUDENT

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## OUT OF COMPLIANCE:

- Does not have documentation of immunity (as defined in the definition for complete) for **any one or more** of the diseases for which documentation is required, and
- Is not in temporary conditional period for the disease/s that are missing documentation of immunity, and
- Does not have a completed Certificate of Exemption on file exempting them from immunization against the disease/s that are missing documentation of immunity

# IMMUNIZATION STATUS OF EACH STUDENT

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## EXEMPT:

- Has a completed Certificate of Exemption on file for **any one or more** of the immunization requirements, and
- They are **not** out of compliance for **any** of the other immunization requirements.



# IMMUNIZATION STATUS OF EACH STUDENT

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## CONDITIONAL:

- Is not Out of Compliance or Exempt for **any** required immunization, and
- Is in the process of obtaining documentation of immunity within the allowed timeframes:
  - Waiting for the next dose in a vaccination series to come due plus an additional 30 days to turn documentation into the school
  - If they get the dose, then the conditional status continues in a similar manner until the school is given documentation of all the doses needed for full immunity.
  - If the conditional status expires without providing documentation of the vaccine dose or a completed Certificate of Exemption, then the student's status changes to *out of compliance*.

## Section B: IMMUNIZATION STATUS OF EACH STUDENT

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Remember each student can only have **one** overall immunization status. This means a student must be categorized into one status even though a student could be complete for some required immunizations, conditional or out of compliance for others, and exempt for still others.

Status Categories:

- Complete
- Out of compliance
- Exempt
- Conditional

## Section B: IMMUNIZATION STATUS OF EACH STUDENT

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### For example, a student who is:

- Out of compliance for Hepatitis B, conditional for Polio, exempt for Varicella and complete for all other required immunizations has an overall status of:
  - **Out of compliance**
- Conditional for Measles, Mumps and Rubella, exempt for Varicella and complete for all other required immunizations has an overall status of:
  - **Exempt**
- Out of compliance for Measles, Mumps and Rubella, exempt for Varicella and complete for all other required immunizations has an overall status of:
  - **Out of compliance**
- Exempt for Varicella and complete for all other required immunizations has an overall status of:
  - **Exempt**
- Conditional for Polio and complete for all other required immunizations has an overall status of:
  - **Conditional**
- Has provider documentation of history of Varicella (chickenpox) disease all other required immunizations has an overall status of:
  - **Complete**

# Sample School

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We will use this sample school when filling out the worksheet:

School: Very Healthy Elementary

Grades: K through 5

Total enrollment at the school: 50 students

Kindergarten enrollment: 10 students

- 6 students complete for all required immunizations
- 1 student is out of compliance for Diphtheria, Tetanus and Pertussis and has a religious exemption to Polio and Hepatitis B (overall status is “out of compliance”)
- 1 student is conditional for Measles, Mumps and Rubella
- 2 students exempt
  - 1 student has a religious exemption for Measles, Mumps and Rubella
  - 1 student has a personal exemption for Polio and Hepatitis B, and a medical exemption for varicella

## Section B: IMMUNIZATION STATUS OF EACH STUDENT

If the school has students in kindergarten and 7<sup>th</sup> grade, write the number of students with each status who are in those grades. For the K-12 totals include all students in all grades, kindergarten through 12<sup>th</sup>. If a school only has grades k-5 only include those students in the K-12 total, do not include students at other schools.

Each student can only have one overall status.

For example, our sample elementary school looks like this:

	Complete	Out of Compliance	Conditional	Exempt	<b>Total</b> The total must equal the total students enrolled reported in section A above.
K	6	1	1	2	10
7th	0	0	0	0	0
All K-12th	40	3	3	4	50

Note the total is the same as the total of students reported enrolled in section A.

## Section C: STUDENTS WITH EXEMPTIONS

Count the number of students with a completed COE that have an exemption for one or more of the immunization requirements.

**Students can be counted more than once if they have more than one type of exemption.**  
Do not count multiple vaccine exemptions in the same category for the same student.

- Our kindergarten example has 3 students with exemptions:
  - 2 students with religious exemption(s), one student for Measles, Mumps and Rubella and another student for both polio and Hepatitis B
  - Count as 2 students with a religious exemption(s)
  - 1 student with a personal exemption for both Polio and Hepatitis B, and a medical exemption for varicella
  - Count as 1 student with personal exemption(s) (Polio and Hepatitis B are 2 exemptions but 1 student) and as 1 student with medical exemptions(s). This student is counted once in personal and once in medical.

This section counts **students** with a type of exemption.

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Kindergarten	1	1	2	0
7th	0	0	0	0
All K-12th	3	1	2	1

## Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

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Count the number of students in the kindergarten, grade 7, and K-12 grade categories who have a complete, conditional, out of compliance or exempt status for each of the required school immunizations.

**COMPLETE:** Count the disease immunity as ‘complete’ if the student has documented immunity to the disease. Documented immunity includes vaccination at the appropriate ages and intervals or by health care provider documentation of immunity by antibody titer or history of disease.

**EXEMPT:** Count the disease immunity as ‘exempt’ if the student has a completed COE exempting them from the requirement for full immunization against the disease, **and they** do not have documentation of immunity to the disease.

**CONDITIONAL:** Count the disease immunity as ‘conditional’ if the student is in the process of obtaining documentation of immunity within the allowed timeframes. See the definition in section B for more information.

**OUT OF COMPLIANCE:** Count the disease immunity as ‘out of compliance’ if the student does not have documentation of immunity to the disease, **and** they are not in a temporary conditional period, **and** they do not have a completed Certificate of Exemption (COE) exempting them from the requirement for full immunization against the disease.

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	8	8	8	8	8	9
Out of Compliance	K	1	1	1						
Conditional	K					1	1	1		
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K				1	NA	NA	NA	1	
Exempt - Medical	K									1
Exempt - Religious	K				1	1	1	1	1	
Exempt – Religious Membership	K									
<b>Total</b> <small>Must equal the total number of students in kindergarten reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

K example enrollment: 10 students

- 6 complete for all immunization requirements
- 1 out of compliance for Diphtheria, Tetanus and Pertussis and has a religious exemption to Polio and Hep B
- 1 conditional for Measles, Mumps and Rubella
- 2 with exemptions
  - 1 student has a religious exemption for Measles, Mumps and Rubella
  - 1 student has a personal exemption for Polio and Hepatitis B, and a medical exemption for varicella



# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	8	8	8	8	8	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	1	1	1	1	1	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> Must equal the total number of students in kindergarten reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

Make sure to add zeros (0) if there are no students in that status for a disease.

On the online survey every field must be entered.

You can use the Tab key to move through the table

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> <small>Must equal the total number of students in kindergarten reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

Data Quality Check 1:

The total of each column **must** equal the total number of students reported in the enrollment section A.

Table	Number of Students Enrolled
Kindergarten	10

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> <small>Must equal the total number of students in kindergarten reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	11

Data Quality Check 1:

The total of each column **must** equal the total number of students reported in the enrollment section A.

Check the totals and edit so that they equal the number of students enrolled.

Table	Number of Students Enrolled
Kindergarten	10

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> Must equal the total number of students in kindergarten reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

## Data Quality Check 2:

The number of students Out of Compliance in Section B cannot be less than the number of students in the Out of Compliance row for **any one** of the diseases in Section D.

	Complete	Out of Compliance	Conditional	Exempt	Total The total must equal the total students enrolled reported in section A above.
K	6	1	1	2	10

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	8	9	8	8	8	9	9
Out of Compliance	K	1	1	2	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> <small>Must equal the total number of students in kindergarten reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

## Data Quality Check 2:

For example, if 2 students are Out of Compliance for Pertussis in Section D, then **at least 2 students must** have an Overall Status of Out of Compliance in Section B.

If 2 students are Out of Compliance for any one disease, then the number of Out of Compliance in section B must be at least 2. Adjust so it still adds up to the number of students enrolled.

	Complete	Out of Compliance	Conditional	Exempt	Total <small>The total must equal the total students enrolled reported in section A above.</small>
K	6	1	1	2	10

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	8	9	8	8	8	9	9
Out of Compliance	K	1	1	2	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> <small>Must equal the total number of students in kindergarten reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

## Data Quality Check 2:

Remember if a student is Out of Compliance for any one or more of the immunization requirements their Overall Status is Out of Compliance.

Here we changed Overall Status Out of Compliance to '2' and Complete to '5' so the total add up to the number enrolled.

	Complete	Out of Compliance	Conditional	Exempt	Total <small>The total must equal the total students enrolled reported in section A above.</small>
K	5	2	1	2	10

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> Must equal the total number of students in kindergarten reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

## Data Quality Check 3:

The number of students Exempt in Section C cannot be less than the number of students with that type of exemption for any one of the diseases in Section D.

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Kindergarten	1	1	2	0

# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	8
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	2
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> Must equal the total number of students in kindergarten reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

## Data Quality Check 3:

For example, if 2 students have a medical exemption for Varicella in Table D, then at least 2 students must have a medical exemption in Table C.

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Kindergarten	1	1	2	0



# Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of <b>STUDENTS</b> whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	8
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	2
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
<b>Total</b> <small>Must equal the total number of students in kindergarten reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Kindergarten	1	2	2	0

## Data Quality Check 3:

For example, if 2 students have a medical exemption for Varicella in Table D, then at least 2 students must have a medical exemption in Table C.

Here we changed the number of students with a medical exemption to '2'.

## Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

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- Complete Section D for the 7<sup>th</sup> grade (if there is 7<sup>th</sup> grade at the school)
- Complete Section D for all the students at the school in all grades from kindergarten to 12<sup>th</sup>.
  - Only include students who attend the school.
  - Don't report on students in other schools.
  - For example, if the school has grades K-8 report the totals of all the students in kindergarten through 8th, including the kindergarten and 7th grade numbers you already reported.
- Complete Data Checks 1, 2 and 3

# FINAL REPORTING QUESTIONS

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## E: Student Exclusion

Does your school exclude students out of compliance with the State immunization requirements in accordance with RCW 28A.210.120?

- Yes
- No



# COMPLETING THE REPORTING SURVEY ONLINE

# Complete the Online Report

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- After you have completed your worksheet click on the unique link sent in the email to the reporter of record or school administrator.
- If you didn't get a link email [OICPSchools@doh.wa.gov](mailto:OICPSchools@doh.wa.gov)
- The email link is unique to the school. Do not share the link to use with other schools.
- If the link you have is for a different school than the one you are reporting for email [OICPSchools@doh.wa.gov](mailto:OICPSchools@doh.wa.gov) and ask for the link to your school. **Only report information for the school listed in the survey.**

# Complete the Online Report

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## **Step 1**

Review the school information; school name, school district, school physical address

- If correct click the correct button
- If something is not correct click the Incorrect button and enter the correct information

## **Step 2**

Enter your name, email and phone number

## **Step 3**

Enter the information you wrote on your worksheet in sections A through F.

All cells in all tables must be have data to submit. Enter "0" for cells with no counts or that do not apply.

As you enter the data the survey checks for data errors and will give you an error alert if one is found. You must correct any errors so that the error counter at the bottom of the survey says "0" before you can submit the survey.

## **Step 4**

Click the Submit button to send the data. You will receive an email confirmation and a copy of the data that was submitted.

## ADDITIONAL RESOURCES

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School Immunization Status Reporting webpage:

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting>

Preschool-Child Care Reporting webpage:

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ChildCareStatusReporting>

School Module Web Page:

<https://www.doh.wa.gov/SchoolModule>

School and Child Care Immunization Web Page:

<https://www.doh.wa.gov/SCCI>

Contact us at:

[OICPSchools@doh.wa.gov](mailto:OICPSchools@doh.wa.gov)



DOH 348-848 October 2021

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