

## SCHOOL IMMUNIZATION STATUS REPORT FOR SCHOOL YEAR 2018-2019



NOTE: Use this form ONLY for schools with students in any grades Kindergarten through 12<sup>th</sup> grade (K-12).

Reporting is a requirement for all public and private schools (RCW 28A.210-110) and is DUE BY NOVEMBER 1, 2019.

**Please read instructions below and on the other side before completing this form.**

|   |   |                    |                     |                             |              |                        |              |                         |   |               |  |                               |  |
|---|---|--------------------|---------------------|-----------------------------|--------------|------------------------|--------------|-------------------------|---|---------------|--|-------------------------------|--|
| <p><b>How to Report:</b></p> <ol style="list-style-type: none"> <li>1. Use your school's electronic Student Information System to generate a data file (csv or xls). Email the file to <a href="mailto:oi cpschools@doh.wa.gov">oi cpschools@doh.wa.gov</a></li> <li>2. Report online using the state Immunization Information System (<a href="http://www.waiis.wa.gov">www.waiis.wa.gov</a>) if you don't use a Student Information System or can't generate a data file from your school system</li> <li>3. Complete this form and email or mail to the department ONLY IF you don't have computer access</li> </ol> | <p><b>PART A: All schools must complete.</b> <span style="float: right;">Date: _____</span></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">School Name: _____</td> <td style="width: 30%; border: none;">Completed by: _____</td> </tr> <tr> <td style="border: none;">School Building Code: _____</td> <td style="border: none;">Phone: _____</td> </tr> <tr> <td style="border: none;">Mailing Address: _____</td> <td style="border: none;">Email: _____</td> </tr> <tr> <td style="border: none;">City, State, Zip: _____</td> <td style="border: none;">At this school, we have the following grades: from: _____ to: _____</td> </tr> <tr> <td style="border: none;">County: _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Public School District: _____</td> <td style="border: none;"></td> </tr> </table> | School Name: _____ | Completed by: _____ | School Building Code: _____ | Phone: _____ | Mailing Address: _____ | Email: _____ | City, State, Zip: _____ | At this school, we have the following grades: from: _____ to: _____ | County: _____ |  | Public School District: _____ |  |
| School Name: _____  | Completed by: _____   |                    |                     |                             |              |                        |              |                         |   |               |  |                               |  |
| School Building Code: _____   | Phone: _____  |                    |                     |                             |              |                        |              |                         |   |               |  |                               |  |
| Mailing Address: _____  | Email: _____  |                    |                     |                             |              |                        |              |                         |   |               |  |                               |  |
| City, State, Zip: _____   | At this school, we have the following grades: from: _____ to: _____   |                    |                     |                             |              |                        |              |                         |   |               |  |                               |  |
| County: _____   |   |                    |                     |                             |              |                        |              |                         |   |               |  |                               |  |
| Public School District: _____   |   |                    |                     |                             |              |                        |              |                         |   |               |  |                               |  |

**PART B: All schools must complete. This section counts all your students in all the grades in your school from kindergarten through 12<sup>th</sup> (K-12).**

| NUMBER OF STUDENTS ENROLLED<br>In All Grades (K - 12) | NUMBER OF STUDENTS COMPLETE / IMMUNE<br>In All Grades (K-12) | NUMBER OF STUDENTS EXEMPT<br>In all Grades (K-12) | NUMBER OF STUDENTS EXEMPT BY CATEGORY<br>In All Grades (K-12) |          |           |                      | TOTAL NUMBER OF STUDENTS EXEMPT FOR EACH VACCINE<br>In All Grades (K-12) |           |       |     |       |           |
|---|--|---|---|----------|-----------|----------------------|--|-----------|-------|-----|-------|-----------|
|   |  |   | MEDICAL   | PERSONAL | RELIGIOUS | RELIGIOUS MEMBERSHIP | DIPHTHERIA / TETANUS   | PERTUSSIS | POLIO | MMR | HEP B | VARICELLA |
| 1   | 2  | 3   | 3a  | 3b       | 3c        | 3d                   | A  | B         | C     | D   | E     | F         |
|   |  |   |   |          |           |                      |  |           |       |     |       |           |

**NOTE: Number enrolled (Box 1) must be greater or equal to the sum of Number Complete (Box 2) plus Number Exempt (Box 3). We are not counting number Conditional or Out-of-Compliance in Part B. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to Box 3. See back for explanations of these requirements.**

**PART C: Please complete only for kindergarten and 6th grade.**

| GRADE LEVEL                | SECTION 1 ENROLLMENT        | SECTION 2 IMMUNIZATION STATUS        |                           |                                       |          |           |                      |                                |                                      | SECTION 3 TOTAL NUMBER OF STUDENTS EXEMPT, CONDITIONAL, OR OUT OF COMPLIANCE FOR EACH VACCINE |           |       |     |       |           |
|----------------------------|-----------------------------|--------------------------------------|---------------------------|---------------------------------------|----------|-----------|----------------------|--------------------------------|--------------------------------------|---|-----------|-------|-----|-------|-----------|
|                            | NUMBER OF STUDENTS ENROLLED | NUMBER OF STUDENTS COMPLETE / IMMUNE | NUMBER OF STUDENTS EXEMPT | NUMBER OF STUDENTS EXEMPT BY CATEGORY |          |           |                      | NUMBER OF STUDENTS CONDITIONAL | NUMBER OF STUDENTS OUT OF COMPLIANCE | DIPHTHERIA / TETANUS  | PERTUSSIS | POLIO | MMR | HEP B | VARICELLA |
|                            |                             |                                      |                           | MEDICAL                               | PERSONAL | RELIGIOUS | RELIGIOUS MEMBERSHIP |                                |                                      |   |           |       |     |       |           |
| 1                          | 2                           | 3                                    | 3a                        | 3b                                    | 3c       | 3d        | 4                    | 5                              | A                                    | B   | C         | D     | E   | F     |           |
| KINDERGARTEN ONLY          |                             |                                      |                           |                                       |          |           |                      |                                |                                      |   |           |       |     |       |           |
| 6 <sup>TH</sup> GRADE ONLY |                             |                                      |                           |                                       |          |           |                      |                                |                                      |   |           |       |     |       |           |

**NOTE: Box 1 must equal the sum of boxes 2 + 3 + 4 + 5. The sum of boxes 3a + 3b + 3c + 3d must be greater or equal to Box 3. The sum of boxes A + B + C + D + E + F must be greater or equal to the sum of 3 + 4 + 5**

**See additional instructions on back on how to complete this report.**

## School Immunization Status Report For School Year 2018-2019      INSTRUCTIONS

- Report by November 1, 2019
- Each school needs a separate report. Please do not submit an aggregate report for all schools in a district.
- How to report:
  1. Report using the export feature of your school’s electronic Student Information System. Email the data file (csv or xls) to [oi cpschools@doh.wa.gov](mailto:oi cpschools@doh.wa.gov)
  2. Report online using the state Immunization Information System ([www.waiis.wa.gov](http://www.waiis.wa.gov)) if you don’t use a Student Information System or can’t generate a data file from your system
  3. Complete this form and email or mail to the department ONLY IF you don’t have computer access

### PART A – All schools must complete this section so we can identify your school

Please enter your name and phone number in case we have questions and need to contact you.

### PART B – All schools must complete this section for all students in the school regardless of the grades at the school.

|  |   |
|--|---|
| 1. Number of Students Enrolled In All Grades (K –12)   | Enter the total number of students in all grades at the school, regardless of the number of grades in the school, from kindergarten through 12 <sup>th</sup> grade (K-12) <i>based on head count</i> on the report date.  |
| 2. Number of Students Complete / Immune In All Grades (K –12)  | Enter the total number of students in all grades with a signed Certificate of Immunization Status (CIS) form showing they have all required vaccinations for their grade or showing proof of immunity.  |
| 3. Number of Students Exempt In All Grades (K –12)   | Enter the total number of students in all grades with a signed Certificate of Exemption (COE) form. Count each student only once, regardless if they have multiple exemptions.  |
| Number of Students Exempt by Category In All Grades (K –12) (3a. Medical, 3b. Personal, 3c. Religious, 3d. Religious Membership) | Enter the total number of students in all grades for each exemption type listed on their signed COE form. Count a student in each exemption type field if they have more than one exemption. The sum of boxes 3a, 3b, 3c, and 3d can be equal or greater than box 3, because students can be exempt for more than one reason.   |
| 4. Total Number of Students Exempt In All Grades (K –12) for Each Vaccine  | Enter the number of students exempt for each vaccine based on their signed COE form. Count a student in each vaccine field if they are exempt to more than one vaccine or exempt for any dose of the series. Count students with exemptions to Diphtheria, Tetanus, or both under Diphtheria/Tetanus. Count students with exemptions to any pertussis-containing vaccines under Pertussis. Count students with exemptions to Measles, Mumps, Rubella or any combination under MMR. The sum of boxes A, B, C, D, E, and F can be equal or greater than box 3, because students can be exempt to more than one vaccine. |

Note: For Part B, we do not collect the number of students who are Conditional or Out-of-Compliance

### PART C – Complete this section for kindergarten and 6<sup>th</sup> grade students only.

**Section 1 Enrollment.** 1. Enter the number of students enrolled in kindergarten and 6<sup>th</sup> grade at the school on the report date. The total number of students enrolled (Box 1) must equal the sum of the students Complete (2), Exempt (3), Conditional (4), and Out of Compliance (5).

#### Section 2 Immunization Status

2. Number of Students Complete / Immune: See Part B, Number 2 above.

3. Number of Students Exempt and Number of Students Exempt by Category: See Part B, Number 3 above.

|   |  |
|---|--|
| 4. Number of Students Conditional       | Enter the number of students who have a signed CIS form and are making satisfactory progress toward full immunization by starting or continuing a schedule of immunizations and are within the recommended interval for the next dose. |
| 5. Number of Students Out of Compliance | Enter the number of students who are not complete / immune, not exempt, or not in conditional status (as defined above).   |

**Section 3 Total Students Exempt, Conditional or Out of Compliance for each vaccine.** Enter the total students under each vaccine for those students indicated in Section 2 as being exempt, conditional, or out of compliance.

- Count a student in a vaccine field if they are exempt, conditional, or out of compliance for that vaccine.
- Count a student in more than one vaccine field if they are exempt, conditional, or out of compliance for more than one vaccine.
- Count a student for the vaccine if they are exempt, conditional, or out of compliance for any dose of the series.
- The sum of boxes A, B, C, D, E, and F can be greater than box 3, because students can be exempt, conditional, or out of compliance to more than one vaccine.

Email: [oi cpschools@doh.wa.gov](mailto:oi cpschools@doh.wa.gov)  
 Phone: 1-866-397-0337 or 360-236-3595  
 Web: [www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting.aspx](http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting.aspx)

**Mailing Address:**  
 Washington State Department of Health  
 Office of Immunization and Child Profile  
 PO Box 47843  
 Olympia, WA 98504-7843  
 ATTN: School Reporting