2025-2026 SUMMARY REPORT ON THE IMMUNIZATION STATUS OF NEW PUPILS 1-6 & 8-11 GRADERS IN YOUR SCHOOL

Name of School										
Valifie Of School		Address:								
City and ZIP:										
County:				□ 1 □ 2	□3 □	4 🗆 5	□6 □8	□9	□ 10	\square 11
Jamo of Porson Compi	ling Poport		ck all that apply)	Tolonho	no:					
Name of Person Compi Email:										
				1 613011 601	iipiiiig itel					
Note: The answer for ea	ach box below must I	be a number (no c	heckmarks, etc.).							
Enter the number of pupils "New to the District" in your school:								Α.		
Enter the number of p See the Work Sheet fo								В.		
EXEMPTIONS:										
Number of pupils from box "A" WHO HAVE A MEDICAL CONTRAINDICATION ON FILE: A physician or Certified Nurse Practitioner's signed statement, kept as part of the enrollee's records, is required.										
Do not include childre	en "in process" in this	category.								
Number of pupils from A written statement, s							's records.	D.		
Record the number of p DTaP E.	Polio F.	ns (Medical Contra MMR G.	aindication or Reas Hep B H.		cience or R ricella I.	T	bjection) fo dap J.		of the fo	
Number of pupils from box "A" NOT complete and have NO exemption on file*	Polio F. Record Record not on file indica	MMR G. rd Need le DTaP	Hep B H. Need N Polio	Va leed MMR	Need Hep B	Need Varicell	Needa Tda	Men	K. K. Ne	ed ococca
Number of pupils from box "A" NOT complete and have NO exemption on file*	Polio F. Record Reco not on file indica	MMR G. rd Need le DTaP	Hep B H.	Va	ricella I. Need	Need	J.	Men	K.	ed ococca
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Number of pupils from box "A" NOT complete and have NO exemption on file*	Polio F. Record Reco on file indica	MMR G. rd Need le DTaP ttes N.	Hep B H. Need N Polio	Va leed //MR	Need Hep B	Need Varicella	Need Tdap	Men	K. K. Ne	ed ococca
Number of pupils from box "A" NOT complete and have NO exemption on file*	Polio F. Record Reco on file indica M. *Include students ber of pupils listed i completed a require	MMR G. rd Need le DTaP ites N. "in process" but on boxes N, O, P, Q,	Need N Polio N O.	leed MMR P. pils counter	Need Hep B Q. d in boxes	Need Varicella R. C or D abo	Need Tdap S. Ove.	Men	Ne Mening	ed occocca
Number of pupils from box "A" NOT complete and have NO exemption on file* L. Indicate below the num students who have not to complete the series.	Polio F. Record Record on file indica M. *Include students ber of pupils listed i completed a require as (in process for one	MMR G. rd Need le DTaP ttes N. "in process" but on boxes N, O, P, Q, d series of vaccine series of more vaccine series.	Need N Polio N O. do NOT include pu and R above who es but have at least series):	leed MMR P. pils counter are consider t one dose	Need Hep B Q. d in boxes ered to be and are wa	Need Varicella R. C or D abo	Need Tdap S. Ove.	Men	Ne Mening	ed occocca
Number of pupils from box "A" NOT complete and have NO exemption on file* L. ndicate below the num tudents who have not o complete the series.	Polio F. Record Recoon file indication indi	MMR G. rd Need le DTaP ites N. "in process" but of the series of vaccine of the series of vaccine	Need N Polio N O. do NOT include pure, and R above who es but have at leas	leed MMR P. pils counter are consider t one dose	Need Hep B Q. d in boxes ered to be and are wa	Need Varicella R. C or D abo	Need Tdap S. Ove.	Men	Ne Mening	ed occocca