2025-2026 SUMMARY REPORT ON THE IMMUNIZATION STATUS OF INCOMING 7TH GRADERS IN YOUR SCHOOL

Date N	ipplicable):	ıble): Public 🗌 Private					
Name of School:		Address:					
City and ZIP:		IRN Number:					
County:		Grades in this	s report:7t	:h			
Name of Person Compiling Rep							
Email: Title of Person Compiling Report:							
Include all seventh graders or Note: The answer for each box		mber (no checkmar	ks, etc.).				
Enter the number of ALL pupils enrolled in seventh grade in your school:						Α.	
 Two MMR. Three HEP B. One Tdap. One Meningococcal *ODH assesses only two MMR,	l .			ns*:		В.	
EXEMPTIONS:							
Number of pupils from box "A' A physician or Certified Nurse F is required.					s,	c.	
Number of pupils from box "A' A written statement, signed by						D.	
Record the number of pupils wi	ith exemptions (Med MMR E.	dical Contraindication Hep B F.	Td		or Religious Obje Meningococcal H.	ction) for each o	of the following:
Number of pupils from box "A" NOT complete A	Pecord not	umber of pup	ils that fal	l into the	_	s (NOT DOS	ES):
and have NO exemption S	on file K	<u>lecord on</u> e indicates	MMR	Нер В	Td	ap Mo	eningococcal
on file*							
ı. N	J.		P.	Q.	S	5.	T.
	*Include students	"in process" but do	NOT include	pupils counte	ed in boxes C or D	above.	
Indicate below the number of p	ounils listed in hoxe	s who are considere	nd to be "in pr	ocoss " "In pr	ocess" status app	lies to students	who have not