

ADHS Sixth Grade Immunization Data Report (IDR): Due November 15, 2010

School Name:	Public/Charter School CTDS#	Mailing Address, City, Zip:	
County where school is located:	Phone:	Fax:	Date of Report:
Principal's Name:	Name of Person Completing Report:		
E-Mail Address:	E-Mail Address:		
	Is this person a nurse? (please circle) Yes No		
Please circle type of school:	Does this school have a kindergarten? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Public Charter Private	Does this school have a 10th grade? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Sixth Grade <u>Only</u>	Number of Students	Exemption Notes
1. How many students are enrolled in 6 th grade?		
2. How many 6 th graders have an immunization record OR a valid exemption on file?		
3. <u>DTaP/DTP/Td</u>: How many students have received at least 4 doses, or at least 3 doses given after 1 year of age? How many students have not received the doses described above?		How many students (if any) are exempt from DTaP/DTP/Td immunization?
TOTAL (must equal number enrolled, see #1)		
4. <u>Tdap</u>: How many students have received 1 dose of Tdap? How many students have not received 1 dose of Tdap?		How many students (if any) are exempt from Tdap immunization?
TOTAL (must equal number enrolled, see #1)		
How many students did not received Tdap because they received DTaP/DTP/Td within last 5 years?		
How many 6 th grade students are under the age of 11?		
5. <u>Meningococcal</u> (MV or MCV): How many students have received 1 dose of MV or MCV? How many students have not received 1 dose of MV or MCV?		How many students (if any) are exempt from MV/MCV immunization?
TOTAL (must equal number enrolled, see #1)		
6. <u>Polio</u>: How many students have received either a total of 4 doses OR a total of 3 doses with the 3 rd dose given at 4 years of age or older? How many students have not received the doses described above?		How many students (if any) are exempt from Polio immunization?
TOTAL (must equal number enrolled, see #1)		
7. <u>MMR</u>: How many students have received 2 doses, both given at 12 months of age or older? How many students have not received the doses described above?		How many students (if any) are exempt from MMR immunization?
TOTAL (must equal number enrolled, see #1)		
8. <u>Hepatitis B</u>: How many students have completed the Hepatitis B series with at least 3 doses (or documentation that they completed the special 2-dose adolescent Hepatitis B series)? How many students have not completed the Hepatitis B series?		How many students (if any) are exempt from Hepatitis B immunization?
TOTAL (must equal number enrolled, see #1)		
9. <u>Varicella (chicken pox)</u> How many students have received 2 doses of Varicella vaccine? (Include those who have had chicken pox disease in addition to 2 Varicella doses.) How many students have received 1 dose of Varicella vaccine, OR have history of chicken pox disease, OR have both 1 dose of Varicella vaccine and history of disease? How many students have no history of chicken pox and no Varicella vaccine doses?		How many students (if any) are exempt from Varicella immunization?
TOTAL (must equal number enrolled, see #1)		
10. Exemptions: Please enter the total number of sixth grade students with each type of exemption below.	Number of Students	
Permanent Personal Beliefs		
Temporary Personal Beliefs		
Permanent Medical and/or Laboratory Evidence of Immunity		
Temporary Medical		

Sixth Grade Immunization Data Report (IDR) Instructions

All public, private and charter schools must submit an IDR on children enrolled in preschool, pre-K, Kindergarten, 6th and 10th grades by November 15th each year. Use this form for **Sixth Grade**. Forms for the other age/grade levels are available at <http://www.azdhs.gov/phs/immun/back2school.htm>.

Step 1: Identify your school by completing all areas at the top of the form. If you do not know the CTDS# for your public or charter school, check the Arizona Department of Education website at www.ade.state.az.us. Private schools will leave the CTDS# blank.

Step 2: Answer questions 1 and 2 by counting how many sixth grade students are enrolled (#1) and how many have an immunization record and/or a valid exemption on file (#2).

Step 3: Count the number of sixth grade students who have the required number of doses of each vaccine.

- In questions 3-8, the students will be divided between two categories: those who meet the requirements, and those who do not meet the requirements. When added together, the number of students who meet the requirements, plus the number of students who do not meet the requirements, will always equal the total number of students enrolled.
- Following question 4 (Tdap), there are two additional questions. Do not add the answers to these questions to the Tdap total. We will use the answers to help us determine how many of your sixth grade students were not required to have Tdap because they have had another tetanus/diphtheria containing vaccine (DTaP/DTP/Td) dose within the last 5 years, and how many were not required to have Tdap or meningococcal vaccine because they were under the age of 11 years.
- In question 9, Varicella, the students will fit into one of 3 categories: 1) students who have 2 Varicella vaccine doses, 2) students who have either 1 Varicella vaccine dose, or history of chicken pox, or both, or 3) students who do not have any Varicella vaccine doses and who have no history of chicken pox disease. All students will fit into one of those 3 categories. When added together the numbers in the 3 categories will equal the total number of students enrolled.

Step 4: In each vaccine area (DTaP/DTP/DT, Tdap, MC/MCV, Polio, MMR, Hepatitis B and Varicella) if any students who do not meet a requirement are exempt, please write the number of students who are exempt for each vaccine, and the type(s) of exemption in the right hand column.

Step 5: Record the total number of students who have each type of exemption for any (or all) vaccine(s) at the bottom of the page.

Step 6: Send a “**Referral Notice of Inadequate Immunization**” to the parent/guardian of each child who needs additional immunizations. Require proof of immunization each time a student is due for another vaccine dose. Track the students who need additional doses.

Step 7: Check the form carefully to ensure all areas have been completed. Make a copy of the form and keep it for your records. Mail the original form by November 15, 2010.

Mail the report to:

<p>Pima County Immunization Program Office 3950 S Country Club, Suite 1347B Tucson AZ 85714-2056</p>
