

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

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|---|---|-----------------------------|-----------------|
| 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: Public Charter Private | Does this school have a 6 th grade? Yes <input type="checkbox"/> No <input type="checkbox"/> Does this school have a 10 th grade? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| Kindergarten <u>Only</u> | Number of Students | Exemption Notes |
|---|---------------------------|---|
| 1. How many students are enrolled in kindergarten? | | |
| 2. How many students have an immunization record OR a valid exemption on file? | | |
| 3. DTaP/DTP/DT | | How many students (if any) are exempt from DTaP/DTP/DT immunization? |
| How many students have received either 4-5 doses with one dose at 4 years of age or older, OR a total of 6 doses? | | |
| How many students have not received the doses described above? | | |
| TOTAL (must equal number enrolled, see #1) | | |
| 4. Polio | | How many students (if any) are exempt from Polio immunization? |
| 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? | | |
| TOTAL (must equal number enrolled, see #1) | | |
| 5. MMR | | How many students (if any) are exempt from MMR immunization? |
| 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? | | |
| TOTAL (must equal number enrolled, see #1) | | |
| 6. Hepatitis B | | How many students (if any) are exempt from Hepatitis B immunization? |
| How many students meet the requirement with 3 or more doses? | | |
| How many students have not received the doses described above? | | |
| TOTAL (must equal number enrolled, see #1) | | |
| 7. Varicella (chicken pox) | | How many students (if any) are exempt from Varicella immunization? |
| 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 and history of disease? | | |
| How many students have no history of chicken pox and no Varicella vaccine doses? | | |
| TOTAL (must equal number enrolled, see #1) | | |
| 8. Exemptions: Please enter the total number of kindergarten 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 | | |

Kindergarten 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 **Kindergarten only**. 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 kindergarten 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 kindergarten students who have the required number of doses of each vaccine.

- In questions 3-6, 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.
- In question 7, Varicella, the students will fit into one of 3 categories: 1) students who exceed the Varicella requirement with 2 Varicella vaccine doses, 2) students who meet the Varicella requirement with either 1 Varicella vaccine dose, or history of chicken pox, or both, or 3) students who do not meet the Varicella requirement because they have no vaccine doses and no history of the 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, Polio, MMR, Hepatitis B and Varicella) if any students who do not meet the requirement are exempt, please write the number of students who are exempt for each vaccine 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:

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