

Default Question Block



Health & Human Services

Beginning of Survey

Welcome to the 2023-2024 North Dakota School Immunization Survey. North Dakota Administrative Code (33-06-05) requires schools to complete the annual School Immunization Survey. The survey must be submitted online no later than November 14, 2023.

Please choose the school you are completing the survey for and complete the required immunization information. If completing the survey for multiple schools, submit a separate survey for each school.

All fields require an answer, so make sure to complete each field.

Please be sure to read through the school immunization requirements below or on the NDDHHS Immunization Unit Website:

<https://www.hhs.nd.gov/immunizations/schools-and-childcare>

Additional instructions and resources for completing the survey are also available on the website.

The North Dakota Immunization Information System (NDIIS) is available to help schools determine the immunization status of their students. For more information on how to obtain access to NDIIS, please go to the immunization

program website at <https://www.hhs.nd.gov/immunizations/ndiis>

If you run into any issues with the school survey, please contact the North Dakota Department of Health and Human Services Immunization Unit at 701.328.3386 or toll-free at 800.472.2180.

Thank you for completing the survey!



School Immunization Requirements

| Vaccine Type | Number of Required Doses | | |
|----------------------------|--------------------------|-------------|-------------|
| | Kindergarten-6 | Grades 7-10 | Grade 11-12 |
| DTaP/DTP/DT/Tdap/Td* | 5 | 5 | 5 |
| Hepatitis B | 3 | 3 | 3 |
| IPV/OPV [†] | 4 | 4 | 4 |
| MMR | 2 | 2 | 2 |
| Varicella (Chickenpox)* | 2 | 2 | 2 |
| Meningococcal [‡] | 0 | 1 | 2 |
| Tdap [§] | 0 | 1 | 1 |

* One dose of DTaP (pediatric diphtheria, tetanus, and acellular pertussis) vaccine must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap (adolescent/adult tetanus, diphtheria, and acellular pertussis)/Td are required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age seven or older not previously vaccinated.

† For polio vaccination, in an all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age four, a fifth dose should be administered on or after age four. Only three doses of IPV are required if the third dose is given on or after the fourth birthday. Children born before August 2005 only need four doses separated by at least four weeks. These children do not need a dose after the age of four.

* Any doses of OPV administered after April 1, 2016, should not be counted as valid, because it was bivalent or monovalent vaccine, rather than trivalent. The child should be revaccinated with IPV vaccine, accordingly.

‡ One dose of meningococcal conjugate vaccine (MCV4) must have been given on or after the tenth birthday. The second dose of MCV4 must be given on or after the sixteenth birthday. If the first dose of MCV4 is given after the sixteenth birthday, then only one dose of MCV4 is required for eleventh and twelfth grade.

§ One dose of Tdap must have been given on or after the eleventh birthday.

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Personal Belief or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by a physician stating that the child has a reliable history of disease. History of disease exemptions may only be claimed for hepatitis B, varicella, measles, mumps, or rubella.

Exclusion

- All children must be up-to-date according to the school immunization requirements or have claimed an exemption by **October 1st** of each school year or they must be excluded from school. Children enrolling in school after October 1st have 30 days to be up-to-date or claim an exemption or they must be excluded from school.

Select your school from the 2023–2024 school list. (This list is from the most recent contact list, provided by NDDPI.)

If completing the survey for multiple schools, submit a separate survey for each school.

Please select "Other" if your school is not available or if your school's name has changed.

If you are completing the survey for only homeschooled students in a school district, please select "Other" and complete the information in the following questions, including "homeschooled students" and the district name in the school name field.

Academy for Children, 09-422-0078, Fargo

Alexander Public School, 27-002-0315, Alexander

Anamoose Elem School, 25-014-0389, Anamoose

Anne Carlsen Center, 47-405-1610, Jamestown

Apple Creek School, 08-039-0486, Bismarck

ASB Innovation Academy, 53-007-8700, Williston

Ashley Public School, 26-009-0539, Ashley

Aurora Elem School, 09-006-0545, West Fargo

B M Hanson Elem School, 52-038-3478, Harvey

Badlands Elem School, 27-001-5607, Watford City

Please enter school information:

School Name

City

County

School ID (##-###-####)

Is your school public or non-public?

- ☐ Public
- ☐ Non-Public

Please enter the following contact information for person completing survey:

Name

Phone Number

Email Address

Position

Employer (school or local
public health
unit/county)

Please enter the following information for the designated school Institution Authority (designated by the governing body of the school - usually Principal or Superintendent):

Name

Phone Number

Email Address

Position

Do you have homeschooled students associated with your school/district?

- ☐ Yes, they will be included in this survey along with the rest of our students.
- ☐ No, We do not have homeschooled students.
- ☐ Yes, but I am reporting all homeschooled students in the district on a separate survey.
- ☐ Yes. I am only reporting all homeschooled students in the district on this survey.

Please Choose the grades offered at your school:

- ☐ Kindergarten
- ☐ First Grade
- ☐ Second Grade
- ☐ Third Grade
- ☐ Fourth Grade
- ☐ Fifth Grade
- ☐ Sixth Grade
- ☐ Seventh Grade
- ☐ Eighth Grade
- ☐ Ninth Grade
- ☐ Tenth Grade
- ☐ Eleventh Grade
- ☐ Twelfth Grade

Please choose the grades of the **Homeschooled** students in your school/district:

- ☐ Kindergarten
- ☐ First Grade
- ☐ Second Grade
- ☐ Third Grade
- ☐ Fourth Grade
- ☐ Fifth Grade
- ☐ Sixth Grade
- ☐ Seventh Grade
- ☐ Eighth Grade
- ☐ Ninth Grade
- ☐ Tenth Grade
- ☐ Eleventh Grade
- ☐ Twelfth Grade



How many **Homeschooled Kindergarten** students are enrolled at your school?

How many **Homeschooled Kindergarten** students are up to date on **all** school required vaccines?

How many **Homeschooled Kindergarten** students have an exemption to **all** school required vaccines?

How many **Homeschooled Kindergarten** students do not have any record of vaccination or a signed exemption?

How many total **Homeschooled Kindergarten** students have an exemption from any required vaccine for the following reasons?

Medical Exemption

Personal Belief
(philosophical or moral)
exemption

Religious Exemption

History of Disease
Exemption

Please answer the following questions for **Homeschooled Kindergarten** students:
Total should not be greater than the number of enrolled students entered previously.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoint, Total# |
|---|-----------------------------------|---|---|---|--|-------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled First Grade** students.

How many Homeschooled
First Grade students are
enrolled at your school?

How many Homeschooled
First Grade students do
not have any record of
vaccination or a signed
exemption?

Please answer the following questions for **Homeschooled First Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up- to- date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjc Total: |
|--|--|---|---|--|---|------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for Homeschooled Second Grade students?

How many Homeschooled
Second Grade students

are enrolled at your school?

How many Homeschooled Second Grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Second Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|----------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled Third Grade** students?

How many Homeschooled Third Grade students are enrolled at your school?

How many Homeschooled
Third Grade students do
not have any record of
vaccination or a signed
exemption?

Please answer the following questions for **Homeschooled Third Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up- to- date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoir Total# |
|---|--|---|---|--|---|--------------------|
| DTaP (Diphtheria,Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled Fourth Grade** students?

How many Homeschooled
Fourth Grade students are
enrolled at your school?

How many Homeschooled
Fourth Grade students do
not have any record of

vaccination or a signed exemption?

Please answer the following questions for **Homeschooled Fourth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjunctive Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



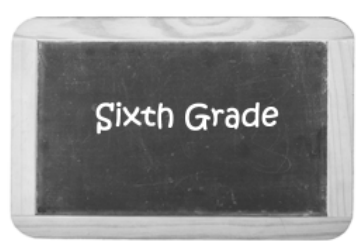
Please answer the following questions for **Homeschooled Fifth Grade** students

How many Homeschooled Fifth Grade students are enrolled at your school?

How many Homeschooled Fifth Grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Homeschooled Fifth** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|----------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled Sixth Grade** students.

How many Homeschooled Sixth Grade students are enrolled at your school?

How many Homeschooled Sixth Grade students do not have any record of

vaccination or a signed exemption?

Please answer the following questions for **Homeschooled Sixth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



Please answer the following questions for **Homeschooled Seventh Grade** students.

How many Homeschooled Seventh Grade students are enrolled at your school?

How many Homeschooled Seventh Grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Homeschooled Seventh Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoin Total# |
|---|-----------------------------------|---|---|---|--|-----------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Meningococcal | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled Eighth Grade** students.

How many Homeschooled Eighth Grade students are

enrolled at your school?

How many Homeschooled Eighth Grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Homeschooled Eighth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|----------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | 0 | 0 | 0 | 0 | 0 | 0 |
| Polio (IPV) | 0 | 0 | 0 | 0 | 0 | 0 |
| Hepatitis B (Hep B) | 0 | 0 | 0 | 0 | 0 | 0 |
| MMR (Measles, Mumps, Rubella) | 0 | 0 | 0 | 0 | 0 | 0 |
| Chickenpox (varicella) | 0 | 0 | 0 | 0 | 0 | 0 |
| Meningococcal | 0 | 0 | 0 | 0 | 0 | 0 |
| Tdap (Tetanus, Diphtheria, and Pertussis) | 0 | 0 | 0 | 0 | 0 | 0 |



Please answer the following questions for **Homeschooled Ninth Grade** students.

How many Homeschooled Ninth Grade students are

enrolled at your school?

How many Homeschooled
Ninth Grade students do
not have any record of
vaccination or a signed
exemption?

Please answer the following questions for **Homeschooled Ninth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up- to- date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|--|--|---|---|--|---|-------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Meningococcal | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled Tenth Grade** students.

How many Homeschooled
Tenth Grade students are

enrolled at your school?

How many Homeschooled
Tenth Grade students do
not have any record of
vaccination or a signed
exemption?

Please answer the following questions for **Homeschooled Tenth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up- to- date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoir Total# |
|--|--|---|---|--|---|--------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Meningococcal | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled Eleventh Grade** students.

How many Homeschooled
Eleventh Grade students

are enrolled at your school?

How many Homeschooled Eleventh Grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Homeschooled Eleventh Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|----------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Meningococcal | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



Please answer the following questions for **Homeschooled Twelfth Grade** students.

How many Homeschooled
Twelfth Grade students
are enrolled at your
school?

How many Homeschooled
Twelfth Grade students do
not have any record of
vaccination or a signed
exemption?

Please answer the following questions for **Homeschooled Twelfth
Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up- to- date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conj Total |
|--|--|---|---|--|---|----------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Polio (IPV) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Hepatitis B (Hep B) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| MMR (Measles, Mumps, Rubella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Chickenpox (varicella) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Meningococcal | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> | <div>0</div> |



How many **Kindergarten** students are enrolled at your school?

How many **Kindergarten** students are up to date on **all** school required vaccines?

How many **Kindergarten** students have an exemption to **all** school required vaccines?

How many **Kindergarten** students do not have any record of vaccination or a signed exemption?

How many total **Kindergarten** students have an exemption from any required vaccine for the following reasons?

| | |
|-------------------|----------------------|
| Medical Exemption | <input type="text"/> |
|-------------------|----------------------|

| | |
|---|----------------------|
| Personal Belief (Moral/Philosophical) Exemption | <input type="text"/> |
|---|----------------------|

| | |
|---------------------|----------------------|
| Religious Exemption | <input type="text"/> |
|---------------------|----------------------|

| | |
|---------------------------------|----------------------|
| History of Disease Exemption | <input type="text"/> |
|---------------------------------|----------------------|

Please answer the following questions for **Kindergarten** students:
 Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

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The following questions should be answered for **First Grade** students in your school.

How many First grade students are enrolled at your school?

How many First grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **First grade** students:
 Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjo Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



The following questions should be answered for **Second Grade** students in your school.

How many second grade students are enrolled at your school?

How many second grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Second Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



The following questions should be answered for **Third Grade** students in your school.

How many third grade students are enrolled at your school?

How many third grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Third Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoir Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



The following questions should be answered for **Fourth Grade** students in your school.

How many fourth grade students are enrolled at your school?

How many fourth grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Fourth Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conj Total |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

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The following questions should be answered for **Fifth Grade** students in your school.

How many fifth grade students are enrolled at your school

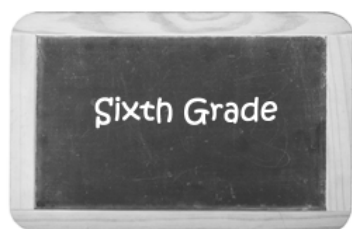
How many fifth grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Fifth Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conj Total: |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

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The following questions should be answered for **Sixth Grade** students in your school.

How many sixth grade students are enrolled at your school?

How many sixth grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Sixth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conj Total |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

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The following questions should be answered for **Seventh Grade** students in your school.

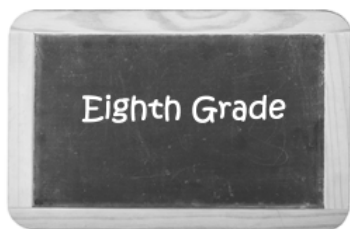
How many seventh grade students are enrolled at your school?

How many seventh grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Seventh Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoir Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Meningococcal | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



The following questions should be answered for **Eighth Grade** students in your school.

How many eighth grade students are enrolled at your school?

How many eighth grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Eighth Grade** students:

Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conj Total |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Meningococcal | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

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The following questions should be answered for **Ninth Grade** students in your school.

How many ninth grade students are enrolled at your school?

How many ninth grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Ninth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Meningococcal | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

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The following questions should be answered for **Tenth Grade** students in your school.

How many tenth grade students are enrolled at your school?

How many tenth grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Tenth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Meningococcal | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



The following questions should be answered for **Eleventh Grade** students in your school.

How many eleventh grade students are enrolled at your school?

How many eleventh grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Eleventh Grade** students:

Total should equal total number of students enrolled in grade.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoir Total# |
|---|-----------------------------------|---|---|---|--|--------------------------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Polio (IPV) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Hepatitis B (Hep B) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| MMR (Measles, Mumps, and Rubella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Chickenpox (varicella) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Meningococcal | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Tdap (Tetanus, Diphtheria, and Pertussis) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |



The following questions should be answered for **Twelfth Grade** students in your school.

How many twelfth grade students are enrolled at your school?

How many twelfth grade students do not have any record of vaccination or a signed exemption?

Please answer the following questions for **Twelfth Grade** students:
Total should not be greater than the number of enrolled students.

| | How many students are up-to-date? | How many students have a medical exemption? | How many students have a religious exemption? | How many students have a personal belief exemption? | How many students have a history of disease exemption? | #Conjoi Total# |
|---|-----------------------------------|---|---|---|--|----------------|
| DTaP (Diphtheria, Tetanus, and Pertussis) | 0 | 0 | 0 | 0 | 0 | 0 |
| Polio (IPV) | 0 | 0 | 0 | 0 | 0 | 0 |
| Hepatitis B (Hep B) | 0 | 0 | 0 | 0 | 0 | 0 |
| MMR (Measles, Mumps, and Rubella) | 0 | 0 | 0 | 0 | 0 | 0 |
| Chickenpox (varicella) | 0 | 0 | 0 | 0 | 0 | 0 |
| Meningococcal | 0 | 0 | 0 | 0 | 0 | 0 |
| Tdap (Tetanus, Diphtheria, and Pertussis) | 0 | 0 | 0 | 0 | 0 | 0 |

Does your school exclude students from school if they are not up to date with immunizations or have not submitted an immunization record or signed exemption form?

- ☐ Yes
- ☐ No

When does your school start excluding students who are not compliant (not up to date on immunizations and do not have a signed exemption form)?

- ☐ October 1st (state law)
- ☐ Other (please explain)

- ☐ School does not exclude students

How many students were excluded as of the October 1st deadline?

How does your school collect, manage, and review immunization records?
(Select all that apply)

- ☐ Paper records
- ☐ North Dakota Immunization Information System (NDIIS)
- ☐ Power School
- ☐ Other (please specify)

Did a nurse (RN, LPN, public health nurse, etc.) assist in the completion of this survey?

- ☐ Yes
- ☐ No

Does your school work with any local healthcare providers to offer vaccination on-site?

- ☐ Yes
- ☐ No

Which vaccines are offered, on site?

- ☐ School-required vaccines
- ☐ Other routine vaccines not required for K-12 (i.e. HPV, Hep A, Men B etc.)
- ☐ COVID-19
- ☐ Influenza
- ☐ Other (please specify)

Which health care provider(s) (local public health department, clinic, or pharmacy) offer(s) on-site vaccinations, for your school? (Please list)



Block 2

By clicking the arrow below you will be submitting your 2023-2024 School Immunization Survey. Thank you for completing the survey.

If you would like a copy of your responses, please print the report shown on the next page or save the pdf document by clicking the Download PDF link found on the next page. It may take a short while for the PDF to load due to the size of the document.

If you have any questions about this survey, or need to edit your responses, please contact Danni Pinnick at dpinnick@nd.gov.