



**VIRGINIA DEPARTMENT OF HEALTH
STUDENT IMMUNIZATION STATUS REPORT**

(REQUIRED BY CODE OF VIRGINIA)

Please Type or Print All Information

NAME OF SCHOOL: _____

TYPE OF SCHOOL: () Public () Private

MAILING ADDRESS: _____
Street/P.O. Box City State Zip

CITY/COUNTY OF SCHOOL: _____
City County

PERSON PREPARING REPORT: _____ **TITLE:** _____
Print Print

SIGNATURE: _____ **DATE:** _____ **PHONE:** _____

INSTRUCTIONS

- 1) Please complete applicable sections of this form for students enrolled in kindergarten (or first grade if there is no kindergarten) and 6th grade using information from each student's MCH-213 F school form.
- 2) For specific vaccine requirements, refer to the "School & Day Care Minimum Immunization Requirements" found at:
<http://www.vdh.virginia.gov/Epidemiology/Immunization/requirements.htm>
- 3) Numbers in columns a through e should equal number in column f.

**VIRGINIA DEPARTMENT OF HEALTH
DIVISION OF IMMUNIZATION
109 GOVERNOR STREET, ROOM 314 WEST
RICHMOND, VIRGINIA 23219
PHONE: (804) 864-8055 or 1-800-568-1929
FAX: (804) 864-8089**

CONDITIONAL ENROLLMENT: In order for a student to be **CONDITIONALLY ENROLLED**, the student must have proof of having received at least one (1) dose of each of the required immunizations and have a schedule on file to receive the remainder of the required doses within 90 DAYS (or in the case of hepatitis B, 180 DAYS).

RELIGIOUS EXEMPTIONS: The student's parent or guardian submits a **CERTIFICATE OF RELIGIOUS EXEMPTION** (FORM CRE-1), to the admitting official of the school. Form CRE-1 is an affidavit stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. The CRE-1 must be signed by a **NOTARY PUBLIC AND STAMPED WITH THE NOTARY'S SEAL**.

MEDICAL EXEMPTIONS: The school must have written certification from a physician or a local health department on FORM MCH 213 F that one or more of the required immunizations may be detrimental to the student's health. Such certification of medical exemption shall specify the nature and probable duration of the medical condition or circumstance that contraindicates immunization.

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The Code of Virginia (§ 22.1-271.2 E) requires each admitting official to file a report within 30 calendar days after the beginning of each school year, or by October 15 of each school year, summarizing the immunization status of students enrolled in the school. Please provide data for kindergarten (or first grade if no kindergarten) and 6th students.

Kindergarten

(a) Number Adequately Immunized	(b) Number of Medical Exemptions	(c) Number of Religious Exemptions	(d) Number Conditionally Enrolled	(e) Number Without Records	(f) Number of Students Enrolled

OR

First Grade (if no Kindergarten)

(a) Number Adequately Immunized	(b) Number of Medical Exemptions	(c) Number of Religious Exemptions	(d) Number Conditionally Enrolled	(e) Number Without Records	(f) Number of Students Enrolled

6th Grade Reports ONLY

Part I

(a) Number Adequately Immunized	(b) Number of Medical Exemptions	(c) Number of Religious Exemptions	(d) Number Conditionally Enrolled	(e) Number Without Records	(f) Number of Students Enrolled

Part II

(g) Number Appropriately Immunized for Hep B	(h) Number with one dose of Tdap	(i) Number with 2 doses of MMR

Part III

(j) Number of Girls Enrolled	(k) Number of Girls with one dose of HPV