



**SUMMARY REPORT ON THE IMMUNIZATION STATUS OF
SIXTH GRADE STUDENTS ENROLLED IN SCHOOL**

State Form 48971 (R11/8-08)
IC 20-34-4-6

SCHOOL YEAR _____

6

Name of School Corporation		CODES	
Name of School		County Number	
Address of School		Corporation Number	
City	County	School Number	
Zip Code	School Telephone Number		

Each school that has their own school number listed in the Indiana School Directory, published by the Department of Education, must submit a **separate** report. The answer for each box below must be a number (**No Check Marks, etc.**)

Enter in box the number of sixth grade students in your school:

A.

Number of students from Box "A" above having completed immunizations:

B.

See the work sheet for the minimum complete immunizations.
Students listed in this category need no further follow-up.

EXEMPTIONS:

Number of students from Box "A" above who have a medical contraindication on file:

C.

A physician's signed statement, verified annually and kept in your school immunization records, is required.

Number of students from Box "A" above who have a religious objection on file:

D.

A statement, signed and verified annually by a parent/guardian stating the objection, must be on file in your school immunization records.

Number of students from Box "A" above **NOT** complete and having no exemption on file.

E.

If there is a number (other than 0 in Box "E") then Boxes "F" thru "N" **must** be completed.

Total Students that fall into these categories (**Not Doses**):

REASONS	Record not on file	Need DTaP/DT/Td	Need Polio	Need Hepatitis B	Need 1 st Measles	Need 2 nd Measles	Need Rubella	Need Mumps	Need Varicella
	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)

Return this form to:
Indiana State Department of Health
Immunization Program, 6A
2 North Meridian Street
Indianapolis, IN 46204-3003

Signatures: _____
Superintendent

Prepared By