



2020-2021 Annual NH School Immunization Report

REQUIRED

1. School nurse or school contact name:

First Name	Last Name
School nurse or school contact email address:	
School nurse or school contact phone number:	

*
2. School name: *
3. If you are reporting for more than one school, please list the other schools.
Do not list preschools. If there is a preschool at your site, there is a preschool section to enter student numbers at the end of this report.

4. This school is - *

<input type="checkbox"/> a private school	<input type="checkbox"/> a public school
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5. School street address: *
 School city/town: *
 School county: *
6. What grades are in this school? *
 Check all that apply.
 If there is a preschool program at your site, there is a preschool section to enter student numbers at the end of this report.

<input type="checkbox"/> Preschool	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 9
<input type="checkbox"/> Kindergarten (K)	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 10
<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 11
<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 12
<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 8	
7. What is the TOTAL ENROLLMENT of all students grade K-12 at the school (minus the preschool population)? *
8. Of the TOTAL ENROLLMENT entered above, how many students are up-to-date and have completed the full immunization series for ALL required vaccines (less preschool population)? *
Do not include the students who have a medical/religious exemption or are not up-to-date at this time.



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SCHOOL NAME: _____

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9. Of the TOTAL ENROLLMENT entered above, how many students are CONDITIONALLY ENROLLED (less preschool population)? *

*Conditionally enrolled is defined as having documentation of at least one dose of each required vaccine(s) **and** an appointment date for the next due dose(s) of the required vaccines(s).*

10. Of the TOTAL ENROLLMENT entered above, how many students have a RELIGIOUS EXEMPTION to one or more of the required vaccines (less preschool population)? *

11. Of the TOTAL ENROLLMENT entered above, how many students have a MEDICAL EXEMPTION to one or more of the required vaccines (less preschool population)? *

12. Of the TOTAL ENROLLMENT entered above, how many students are NOT up-to-date for all required vaccines **and** DO NOT meet conditional enrollment or exemption criteria? *

NOTE: Per NH RSA 141-C:20-a, these students should not be enrolled/attending. However, in order to determine how best to support schools and school nurses, NHIP is now collecting this data to determine the extent of the problem.

Please complete and fax or mail to the
NH Immunization Program, 29 Hazen Drive, Concord, NH 03301
Fax number (603)271-3850
Or scan and email to: immunization@dhhs.nh.gov