

**ILLINOIS STATE BOARD OF EDUCATION**  
 Data Analysis and Progress Reporting  
 100 North First Street  
 Springfield, Illinois 62777-0001  
 Phone (217) 782-3950  
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**IMMUNIZATION SCHOOL SURVEY**

**Due ISBE  
November 15**

The purpose of this survey is to determine the level of compliance with immunization and physical examination requirements of all children who are enrolled in the school as prescribed in Section 27-8.1 (105 ILCS 5/27-8.1) of the School Code. The information will be used by the Illinois State Board of Education, in cooperation with the Illinois Department of Public Health, to take the action necessary to raise immunization levels and prevent outbreaks of disease in the state of Illinois.

**INSTRUCTIONS:**

**Public Schools:** Please complete a separate school survey form for each school in your district, providing immunization and health examination data, as of October 15, or by an earlier exclusion date established by the district. [To establish an exclusion date before October 15, a school district must give notice of the immunization and health examination requirements 60 days prior to the earlier established date.] Report the total student population in each school including preschool. Report your special education students who are being served by another public school district or cooperative along with the general population. [Note: Special Education students sent to your district to receive services will be reported to us by the sending district. Special education students who attend nonpublic schools full-time are to be reported to us by the nonpublic school.]

**Nonpublic Schools:** Provide the immunization and health examination information requested for ALL students including preschoolers enrolled in your school as of October 15, or by an earlier exclusion date established by your school. [To establish an exclusion date before October 15, a school must give notice of the immunization and health examination requirements 60 days prior to the earlier established date.] Include public school special education students who attend your school full-time.

Tdap Grades 6-12

Meningococcal Grades 6-9, 12

REPORT DATA FOR POLIO, DTP/DTaP/Td, MEASLES, MUMPS, AND RUBELLA FOR THE TOTAL STUDENT ENROLLMENT OF THE SCHOOL					REPORT DATA FOR HEPATITIS B, HIB, AND VARICELLA (CHICKENPOX) FOR GRADE LEVELS SPECIFIED OR ENTER A ZERO (-0-) IF NO STUDENTS ARE HOUSED IN THIS SCHOOL AT THE GRADE LEVELS SPECIFIED.	Hepatitis B Report combined total for Pre-kindergarten, grades 6 through 12 only	Hib Pre-kindergarten only	Pharmaceuticals	Varicella/Chickenpox Pre-kindergarten through grade 2
POLIO	DTP/DTaP/Td	MEASLES	RUBELLA	MUMPS					
A. 585 1080	1079	1080	1080	1080	A. Number of students protected and in compliance with immunization requirements	A. 672	71	71	1066 382
B1. 2 5	5	5	5	5	B. Number of students unprotected but in compliance with immunization requirements because a valid exception is on file with the school: B.1) Religious Objection - Documentation on file with the school	6	0	0	8 3
B2. 2 1	1	1	1	1	B.2) Medical Reason or Objection from physician on file with the school (See reverse side of this form.)	0	0	0	3 0
B3. 19 7	8	7	7	7	B.3) Approved Schedule from physician/clinic for completion of required doses on file with the school or deferrals due to possible shortages in Td, DTaP, MMR, OR varicella/chickenpox vaccines	1	0	0	16 45
C. 0 0	0	0	0	0	C. Number of students unprotected and in non-compliance with immunization requirements (Include transfer students without records.)	0	0	0	0 0
D. 608 1093	1093	1093	1093	1093	D. Total of A, B1, B2, B3 and C Total Enrollment of School	679	71	71	1093 431

**PART II STUDENT ENROLLMENT AND COMPLIANCE SUMMARY**

<b>COLUMN 1</b> Total student enrollment of the school as of October 15, or an earlier established exclusion date. <u>1,093</u>	<b>COLUMN 2</b> Actual unduplicated count of students (from Line C) unprotected and in non-compliance. Count students only once even if they are unprotected in more than one disease category. They may also need a physical examination. <u>0</u>	<b>COLUMN 3</b> Number of students in non-compliance with the physical examination requirement ONLY. Do not include any student counted in Col. 2. <u>0</u>	<b>COLUMN 4</b> Total number of students in non-compliance (Col. 2 plus Col. 3). <u>0</u>
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Number of students excluded from school on October 15, or an earlier established exclusion date, for not being in compliance. Report students excluded for one or more days..... 0

NAME OF PERSON COMPLETING FORM \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 I certify that the foregoing information is correct and complete in accordance with school records as of this date.

FOR IMMUNIZATIONS [Doses and Intervals, see reverse side of this form.]  
 Date \_\_\_\_\_ Signature of School Principal/Administrator \_\_\_\_\_