



Tennessee Annual Kindergarten Survey

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WHO's Top 10 Threats to Global Health

- Air Pollution and Climate Change
- Non-Communicable Diseases
- Global Influenza Pandemic
- Fragile and Vulnerable Settings
- Antimicrobial Resistance
- Ebola and Other High-Threat Pathogens
- Weak Primary Healthcare
- Vaccine Hesitancy
- Dengue
- HIV



<https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>

Border State Immunization Coverage

2018-2019	MMR x 2	DTaP x 5/4	Varicella x 2
Mississippi	≥99.2	≥99.2	≥99.2
TENNESSEE	96.5	96.2	96.2
Virginia	95.0	98.0	93.6
Missouri	94.8	94.8	94.5
Georgia	≥93.6	≥93.6	≥93.6
Arkansas	94.2	93.4	93.8
Kentucky	93.4	94.1	92.8
N. Carolina	93.2	93.2	93.1
Alabama	≥90.6	≥90.6	≥90.6

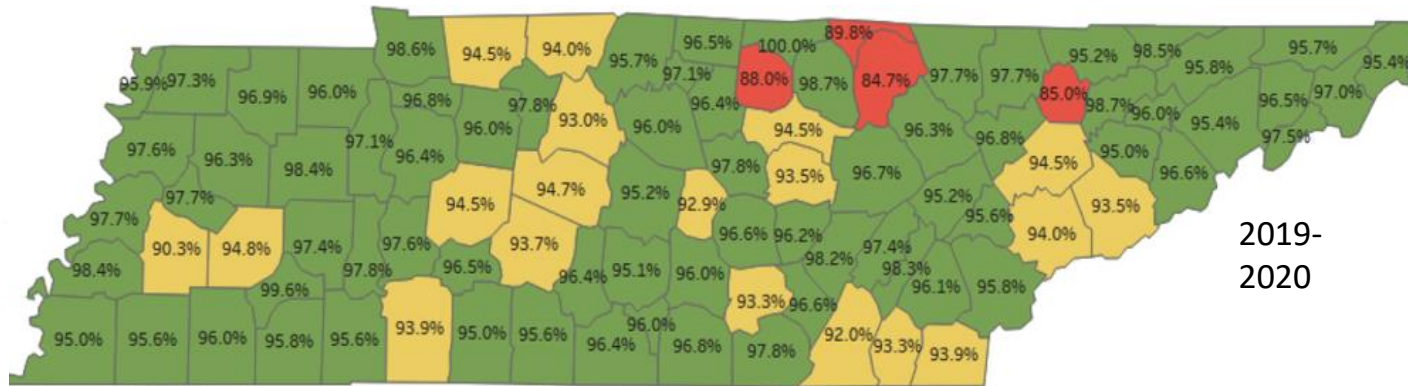
<https://stacks.cdc.gov/view/cdc/81811>

2019-2020 Kindergarten Survey

- Annual census survey of immunization status of Tennessee kindergarten students
 - Public school participation is required
 - Private school participation is optional but encouraged
- Required immunizations
 - Hepatitis A and B
 - Diphtheria/Tetanus/Pertussis (or Diphtheria/Tetanus Toxoid, if indicated)
 - Polio
 - Measles/Mumps/Rubella
 - Varicella (or credible history of disease)
- **2019-2020**
 - **>76,500 public school kindergarten students**
 - **~4,000 private school kindergarten students**
 - **Overall, 95.0% of kindergarten students in Tennessee were fully immunized**



Kindergarten Immunization Coverage



2017-2018 Public Schools

**At least 95% = 80
(84%)**
90-94.9% = 12 (13%)
<90% = 3 (3%)

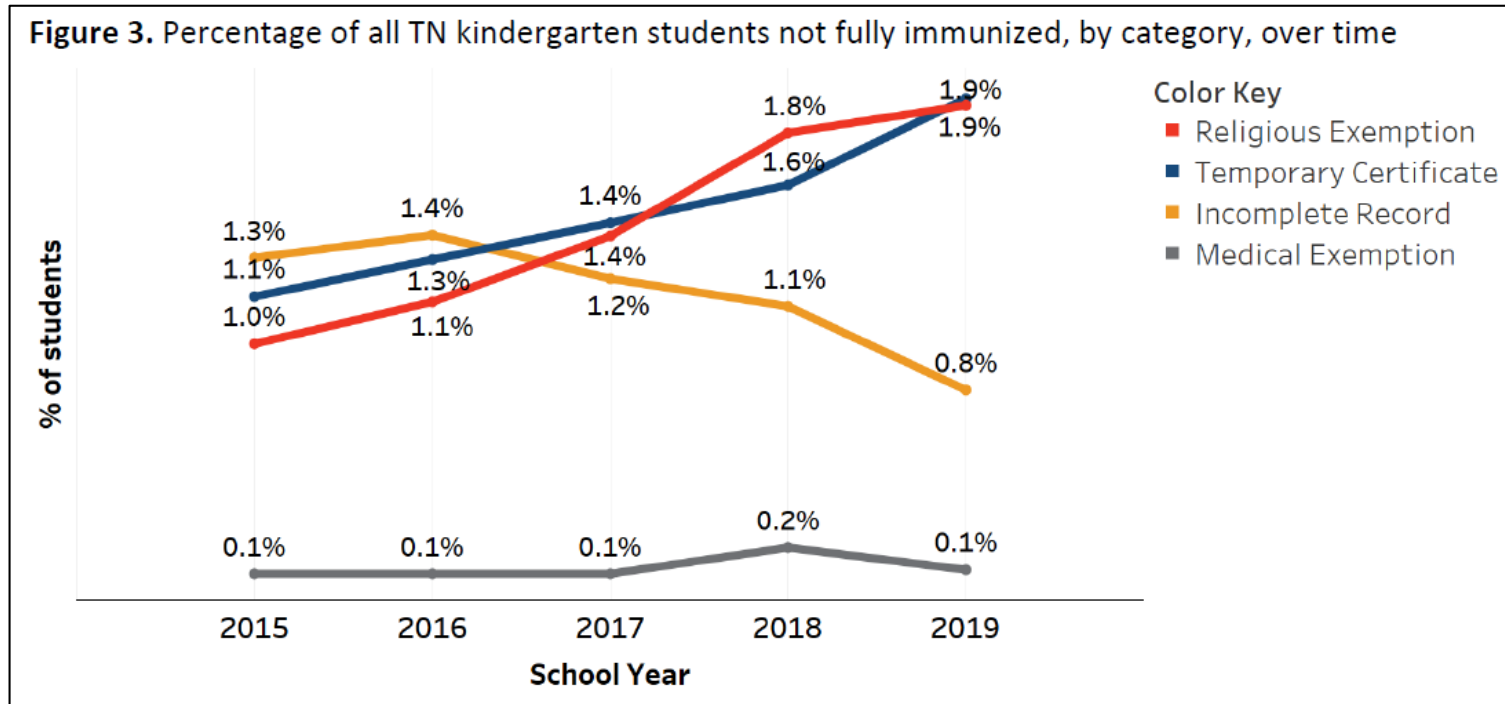
2018-2019 Public Schools

**At least 95% = 70
(74%)**
90-94.9% = 24 (25%)
<90% = 1 (1%)

2019-2020 Public Schools

**At least 95% = 72
(76%)**
90-94.9% = 19 (20%)
<90% = 4 (4%)

2019-2020 Kindergarten Survey



Kindergarten Immunization Coverage

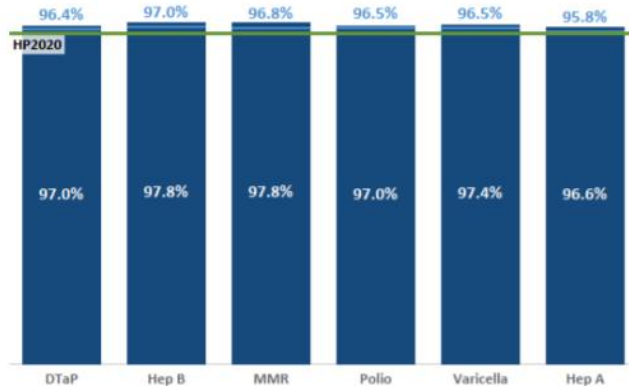
- **SHOULD** be >99%
 - Only exemption being medical (0.1%)
- School districts need to ensure complete immunization as required by TCA
- Temporary certificates should be followed-up to ensure completion
 - Increases coverage by 1.9%
- Children should not be enrolled with incomplete records
 - Increases coverage by 0.8%
- Religious exemption in lieu of philosophical
 - Increases coverage by 1.9%

Warren County 2019-2020

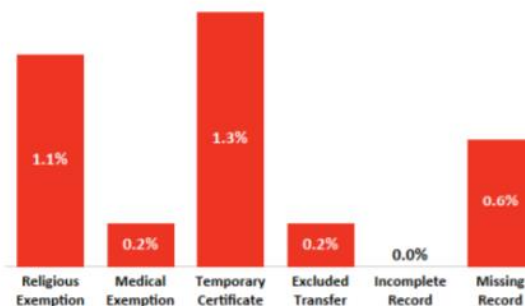
WARREN COUNTY

County	School District	Total Students #	Fully Immunized		Religious Exemption		Medical Exemption		Temporary Certificate		Excluded Transfer		Incomplete Record		Missing Record	
			#	%	#	%	#	%	#	%	#	%	#	%	#	%
WARREN	Warren County	464	448	96.6%	5	1.1%	1	0.2%	6	1.3%	1	0.2%	0	0.0%	3	0.6%
	Total	464	448	96.6%	5	1.1%	1	0.2%	6	1.3%	1	0.2%	0	0.0%	3	0.6%

% of students in county who were complete for each vaccine series
vs. HP 2020 Goal of 95% complete & Statewide Average



% of students in county who were not fully immunized, by reason

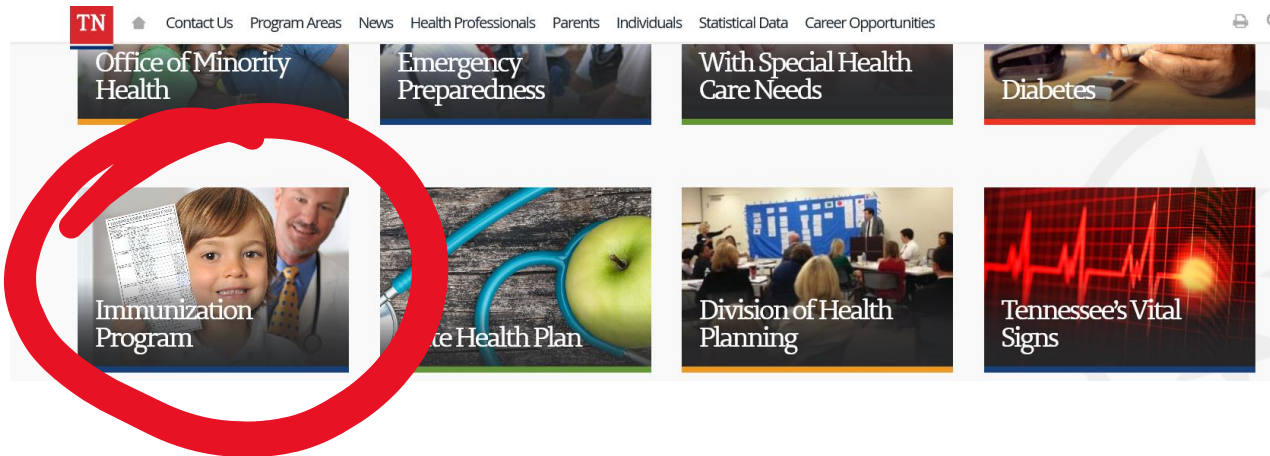
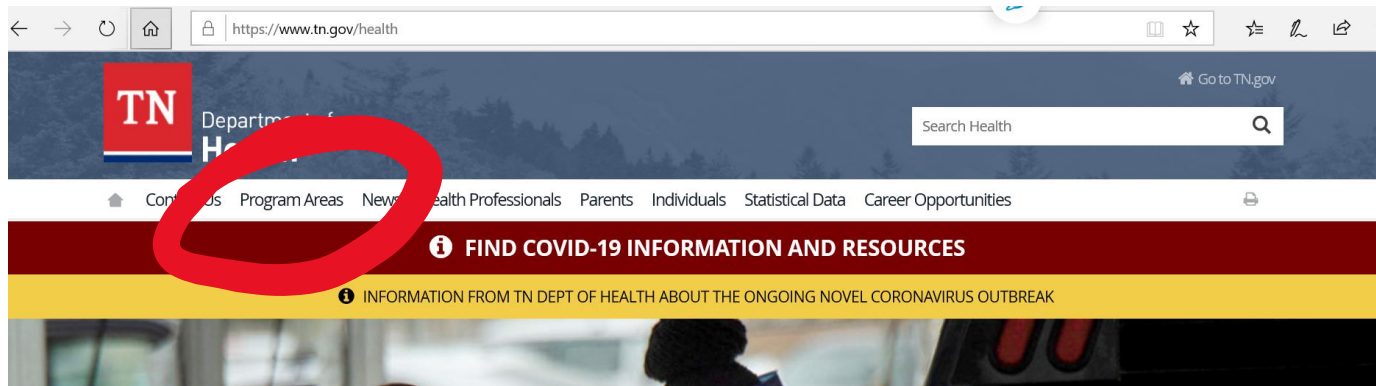


Warren County 2019-2020

Warren County School District

School District	School Name	Total Enrolled	Fully Immunized		Religious Exemption		Medical Exemption		Temporary Certificate		Excluded Transfer <30 Days		Incomplete Record		Missing Record	
		#	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Warren County	Bobby Ray Memorial	78	75	96.2%	0	0.0%	0	0.0%	3	3.8%	0	0.0%	0	0.0%	0	0.0%
	Centertown Elementary	58	58	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Dibrell Elementary	32	29	90.6%	1	3.1%	0	0.0%	1	3.1%	0	0.0%	0	0.0%	1	3.1%
	Eastside Elementary	45	44	97.8%	0	0.0%	1	2.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Hickory Creek School	91	91	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Irving College Elementary	31	28	90.3%	1	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	6.5%
	Morrison Elementary	44	43	97.7%	1	2.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	West Elementary	85	80	94.1%	2	2.4%	0	0.0%	2	2.4%	1	1.2%	0	0.0%	0	0.0%
Total	464	448	96.6%	5	1.1%	1	0.2%	6	1.3%	1	0.2%	0	0.0%	3	0.6%	

VPDIP Reports



VPDIP Reports

The screenshot shows the Tennessee Department of Health website. The navigation bar includes links for Contact Us, Program Areas, News, Health Professionals, Parents, Individuals, Statistical Data, and Career Opportunities. A red arrow points to the 'Immunization Statistics and Reports' section, which is highlighted with a yellow underline. The 'CEDEP Weekly Reports' section is highlighted with a blue underline, and the 'Flu in Tennessee' section is highlighted with a red underline. The 'Travelers Safety' section is highlighted with a green underline.

Immunization Statistics and Reports

- CDC Vaccination Coverage Rates and Data
- TN 24-Month-Old Immunization Status
- Kindergarten Immunization Compliance
- County Immunization Status

CEDEP Weekly Reports

- Preliminary Data for CEDEP
- Preliminary Data for Animal Rabies
- Preliminary Data for STD
- Interactive Disease Data

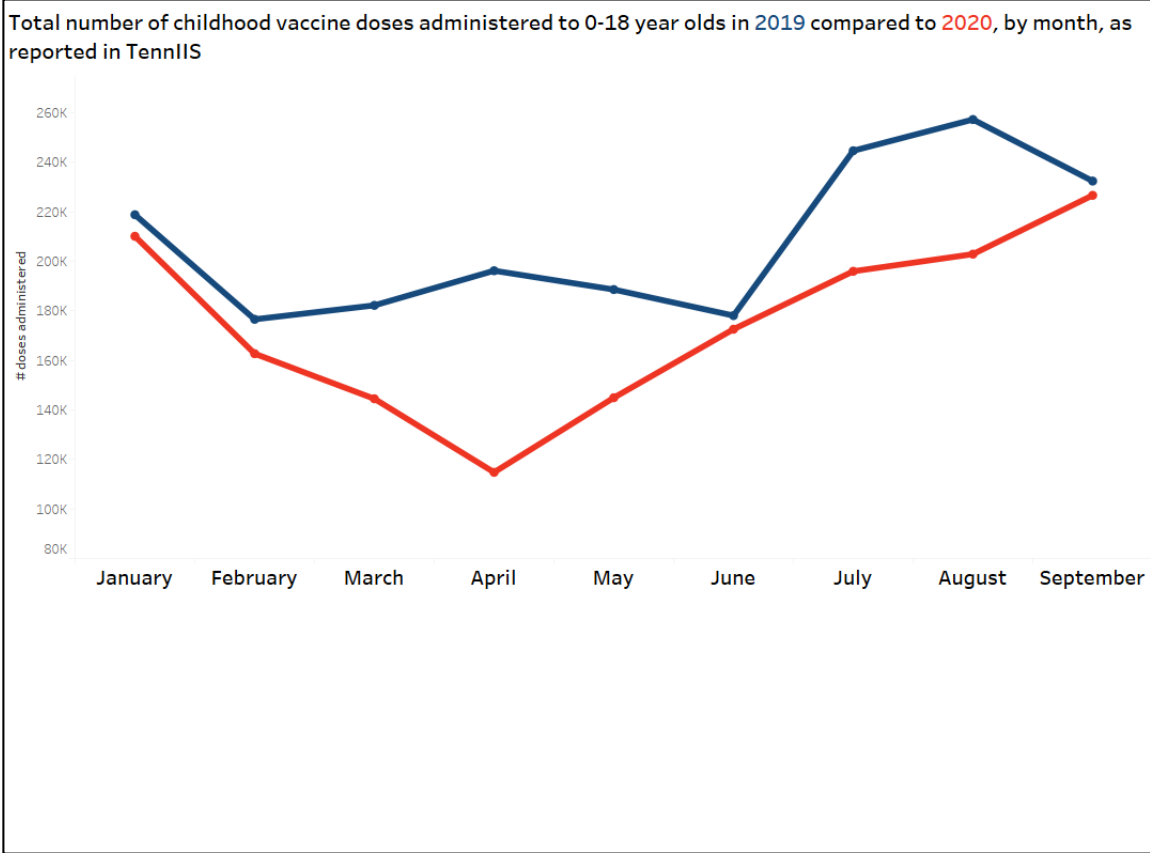
Travelers Safety

- Travelers' Health CDC Page
- Yellow Fever Vaccination Clinics in Tennessee

Flu in Tennessee

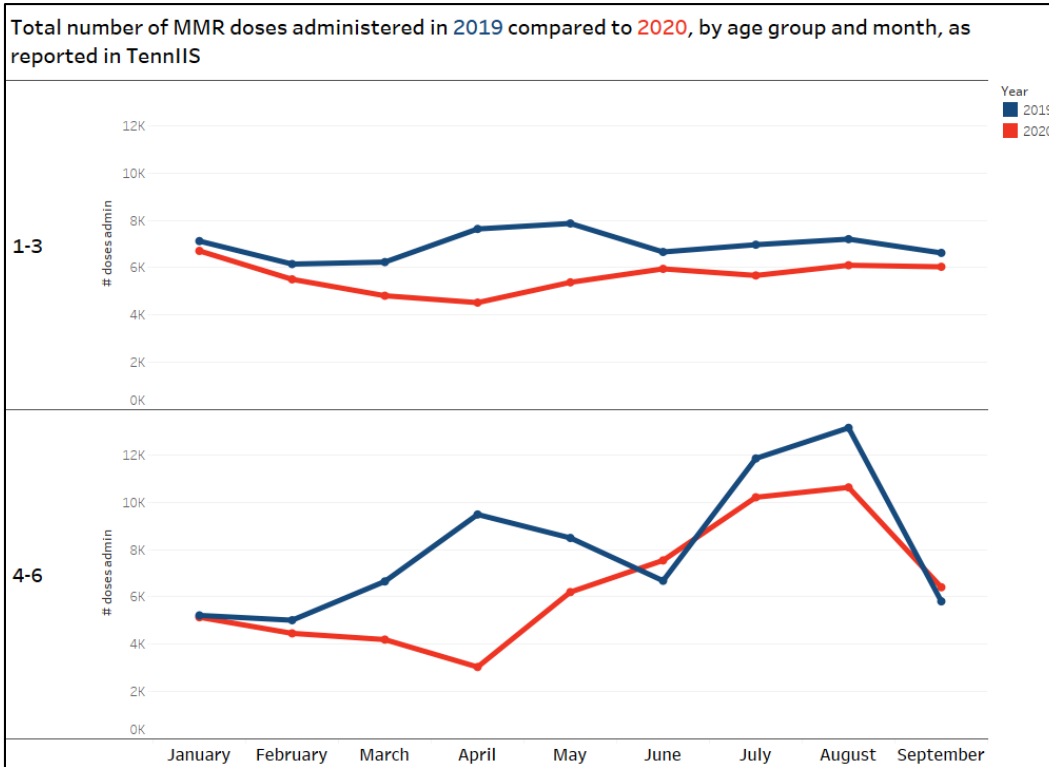
- CDC Current & Past Flu Seasons
- Flu View – Flu Activity & Surveillance (CDC Page)
- Flu Vaccine Information
- Influenza Immunization

Impact of COVID-19 on Immunizations in Tennessee, 0-18yo





Month	% change (2020 vs. 2019)
January	-4%
February	-8%
March	-21%
April	-41%
May	-23%
June	-3%
July	-20%
August	-21%
September	-2%

Impact of COVID-19 on Immunizations: MMR




Month	% change (2020 vs. 2019)	
	1-3 YO	4-6 YO
January	-6%	-1%
February	-10%	-11%
March	-23%	-37%
April	-41%	-68%
May	-32%	-27%
June	-11%	13%
July	-19%	-14%
August	-15%	-19%
September	-9%	10%

Medical Exemption Form

	Communicable and Environmental Diseases and Emergency Preparedness Vaccine-Preventable Diseases and Immunization Program (VPDIP)
MEDICAL EXEMPTION FROM IMMUNIZATION	
This form must be completed by a physician (MD/DO) or Tennessee Department of Health Public Health Nurse (PHN) licensed in the State of Tennessee to document a true medical contraindication/precaution to an immunization(s). This document may be accepted by agencies that require proof of medical exemption.	
Tenn. Comp. Rules Following reasons: contraindication p condition and that comply with Imm 68-5-106(b) makes	
Patient Name (pat Parent/Guardian N Patient/Parent Add Child Care/School	Communicable and Environmental Diseases and Emergency Preparedness Vaccine-Preventable Diseases and Immunization Program (VPDIP)
MEDICAL EXEMPTION FROM IMMUNIZATION	
This form must be completed by a physician (MD/DO) or Tennessee Department of Health Public Health Nurse (PHN) licensed in the State of Tennessee to document a true medical contraindication/precaution to an immunization(s). This document may be accepted by agencies that require proof of medical exemption.	
Medical contraind (ACIP), available at A contraindication A precaution is a immunity. Under	<i>Tenn. Comp. Rules and Regs. 1200-14-01-.29(18)(a)</i> provides for an exemption where a determination is made that a particular vaccine is contraindicated for one of the following reasons: 1. The individual meets the criteria for contraindication set forth in the manufacturer's vaccine package insert; or 2. The individual meets the criteria for contraindication published by the U.S. Centers for Disease Control or the ACIP; 3. In the best professional judgment of the physician, based upon the individual's medical condition and history, the risk of medical harm from the vaccine outweighs the potential benefit. An individual who has been exempt from a particular vaccination must comply with Immunization requirements for any vaccine from which he/she has not been exempt. See <i>Tenn. Comp. Rules and Regs. 1200-14-1-.29-(18)(b)</i> , <i>T.C.A. Section 68-5-106(b)</i> states that any physician fraudulently giving a certificate of sickness or of vaccination to prevent vaccination commits a Class C misdemeanor.
Vaccine <input type="checkbox"/> Diphtheria, T Pertussis (DT <input type="checkbox"/> Tetanus, Dipht Pertussis (Tdap) <input type="checkbox"/> Tetanus, Dipht (DT, Td)	Patient Name (please print): _____ DOB: ____ / ____ / ____ Parent/Guardian Name: _____ Parent/Guardian Phone: (____) ____ - ____ Patient/Parent Address: _____ County: _____ Child Care/School/College/University: _____
<input type="checkbox"/> Measles, Mump Rubella (MMR)	Contraindications <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <input type="checkbox"/> Known severe immunodeficiency (e.g., congenital immunodeficiency, malignancy, chemotherapy, long-term immunosuppressive therapy (e.g., a 2 weeks of daily receipt of ≥20 mg or 2 mg/kg body weight of prednisone or equivalent) or human immunodeficiency virus (HIV) infection with CD4+ T-lymphocyte count <100. <input type="checkbox"/> Pregnancy. <input type="checkbox"/> These published contraindications are not true for this patient, but it is my best professional judgment that based upon the individual's medical condition and history, the risk of medical harm from the vaccine outweighs the potential benefit.
<input type="checkbox"/> Varicella (Var)	Precautions _____
PHS 432P (Rev. 04/2020)	Page 1 of 2

ImmunizeTN!



ImmunizeTN
FOR A HEALTHY, THRIVING TENNESSEE
FREE OF VACCINE-PREVENTABLE DISEASES

Interested in joining vaccine advocates across Tennessee working for a state free from Vaccine-Preventable diseases?

Joining the Coalition means:

- Participating in three annual meetings
 - Engaging on social media
- Joining one of four sub-committees!

contact ImmunizeTN@gmail.com
for a committee form



SAVE THE DATE

ImmunizeTN Day on the Hill

Join us in a conversation with legislators to ensure all Tennesseans benefit from the protections provided by immunizations.

Tuesday, February 25, 2019
8-11am ImmunizeTN meeting
11am-3pm Visits with Legislators

Register at :
<https://immunizetnfeb25.eventbrite.com>
Location information will be sent to registered attendees closer to the date



immunizetn@gmail.com

**VACCINES
CAUSE
ADULTS**

TN

**GO GET A FLU SHOT!
#ImmunizeTN**

TM

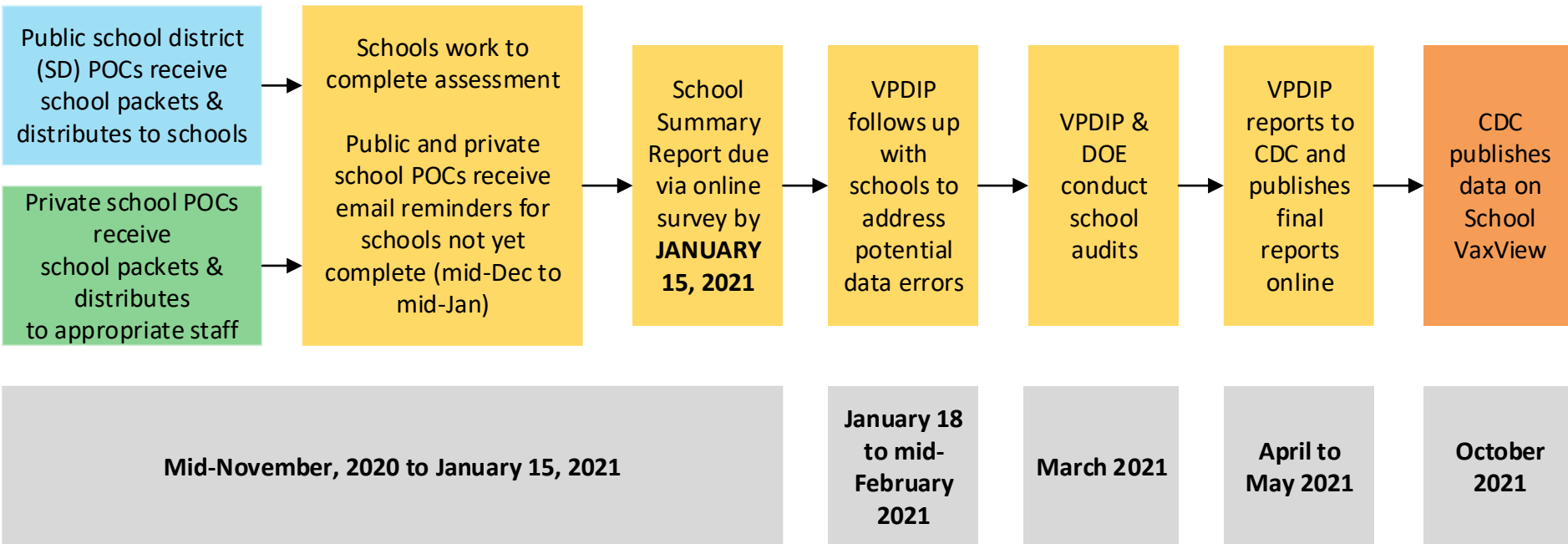


2020-2021
Kindergarten Immunization
Compliance Assessment:
A Guided Walkthrough



Kindergarten Immunization Compliance Assessment Goal:
Evaluate **immunization coverage** and **exemption levels** of state
required vaccines among children entering kindergarten in the
state of Tennessee

Kindergarten Assessment Timeline



Public vs. Private School Process

- **Public Schools**

- DOE provides student file
- Student information matched in Tennessee Immunization Information System (TennIIS)
- School districts receive TennIIS-generated school reports
- New this year:
 - School districts can elect to receive digital/paper school packets

- **Private Schools**

- No student file from DOE
- VPDIP unable to match student information in TennIIS
- School POCs receive blank school packets to complete via email
 - Need to review every enrolled kindergarten student immunization record for assessment

Public Schools – Digital School Packets

- Using REDCap Send-It functionality
- Each public school district POC will receive a unique download URL & password
- File will be stored for approximately a month
- POC responsible in distributing digital packets to each school

Public vs. Private School Process, continued

- **Public School Packets**

- Instructions
- * Kindergarten Immunization Status Report
- Blank School Data Worksheet
- School Summary Report
- Report results online

- **Private School Packets**

- Instructions
- * Kindergarten Immunization Status Report
- N/A
- School Summary Report
- Report results online

Public vs. Private School Process, continued

- **Public School Packets**

- Instructions
- Kindergarten Immunization Status Report
- Blank School Data Worksheet

- School Summary Report
- Report results online

- **Private School Packets**

- Instructions
- Kindergarten Immunization Status Report
- N/A

- School Summary Report
- Report results online

Verify that the list of enrolled students on your Kindergarten Immunization Status Report is accurate

Kindergarten Immunization Status Report



DISTRICT NAME

TENNESSEE IMMUNIZATION PROGRAM TEST DISTRICT

D123.S321

SCHOOL NAME: SALK ELEMENTARY SCHOOL

Number of Children who Meet Immunization Requirements: 13 ()**

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines				Not Fully Vaccinated (If columns 6, 7, or 8 are marked, mark Individual COMPLETE vaccines in columns 9 through 14.)									
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled in School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record	-9- DTaP/DT COMPLETE	-10- Hep B COMPLETE	-11- MMR COMPLETE	-12- Polio COMPLETE	-13- Varicella COMPLETE or Disease History	-14- Hepatitis A COMPLETE	
1. AUSTIN, JENNIFER															TennIS Validated Fully Immunized (No Action Necessary)
2. BRAGG, AIDEN															TennIS Validated Fully Immunized (No Action Necessary)
3. CUNNINGHAM, CORA															TennIS Validated Fully Immunized (No Action Necessary)
4. CUTSHALL, KADEN															TennIS Validated Fully Immunized (No Action Necessary)
5. ELLIOTT, JAMIYAH															TennIS Validated Fully Immunized (No Action Necessary)
6. EPPS, ELI															TennIS Validated Fully Immunized (No Action Necessary)
7. FLEMING, AADEN															TennIS Validated Fully Immunized (No Action Necessary)
8. INGRAM, JOSE															TennIS Validated Fully Immunized (No Action Necessary)
9. SAMAR, KEVIN															TennIS Validated Fully Immunized (No Action Necessary)
10. SIMPSON, CASH															TennIS Validated Fully Immunized (No Action Necessary)
11. WATKINS, AXEL															TennIS Validated Fully Immunized (No Action Necessary)
12. WHEELER, JORDAN															TennIS Validated Fully Immunized (No Action Necessary)
13. WOODARD, DENNIS															TennIS Validated Fully Immunized (No Action Necessary)

* MR = Meets state requirements for enrollment in school

* Fully Immunized = Meets immunization requirements (reqts) through vaccination, history of disease (varicella), or serology (where applicable).

**The purpose is to assess students actually enrolled in Kindergarten: any children on the "TennIS validated" list who are not enrolled should be deducted from the pre-printed total and the corrected number written in parentheses.

SCHOOL NAME: _____

2020 - 2021 Kindergarten Immunization Compliance Assessment

PUBLIC SCHOOL BLANK DATA WORKSHEET

Student's Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines					Not Fully Vaccinated and Reason(s) Not Fully Vaccinated (If columns 6, 7, or 8 are marked, mark individual COMPLETE vaccines in columns 9 through 14.)									
	- 1 -	- 2 -	- 3 -	- 4 -	- 5 -	- 6 -	- 7 -	- 8 -	- 9 -	- 10 -	- 11 -	- 12 -	- 13 -	- 14 -		
	MR: Fully Immunized**	Missing Vaccination Record	In-State School Transfer <30 Days (Date)	No Longer Enrolled In School	MR*: Religious Exemption	MR*: Valid Temporary Certificate (Date)	MR*: Medical Exemption	Incomplete Vaccine Record	DTaP/DT COMPLETE	Hepatitis B COMPLETE	MMR COMPLETE	Polio COMPLETE	Varicella COMPLETE or Disease History	Hepatitis A COMPLETE		
1	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
2	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
3	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
4	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
5	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
6	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
7	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
8	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
9	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
10	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
11	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
12	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
13	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
14	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
15	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
16	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
17	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
18	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
19	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
20	[]	[]	[] _____	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]		
Total for Each Column:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____		

* MR = Meets state requirements for enrollment in school

** Fully Immunized = Meets immunization requirements (reqts) through vaccination, history of disease (varicella), or serology (where applicable).

Identify students on the Kindergarten Immunization Status Report whose immunization records require review

Kindergarten Immunization Status Report



DISTRICT NAME

TENNESSEE IMMUNIZATION PROGRAM TEST DISTRICT

D123.S321

SCHOOL NAME: SALK ELEMENTARY SCHOOL

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines					Not Fully Vaccinated (If columns 6, 7, or 8 are marked, mark individual COMPLETE vaccines in columns 9 through 14.)									
	-1-	-2-	-3-	-4-	-5-	-6-	-7-	-8-	-9-	-10-	-11-	-12-	-13-	-14-		
	MR: Fully Immunized*	Missing Vaccine Record	In-State Public School Transfer < 30 Days (Date)	No Longer Enrolled in School	MR: Religious Exemption	MR: Valid Temporary Certificate (Date)	MR: Medical Exemption	Incomplete Vaccine Record	DTaP/DT COMPLETE	Hep B COMPLETE	MMR COMPLETE	Polio COMPLETE	Varicella or Disease History	COMPLETE	Hepatitis A COMPLETE	
1. BENDER, JAMES	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
2. BOYD, AMY	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
3. BROOKS, KYREE	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
6. ROMANO, ANTHONY	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
7. STEWART, ADA	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
(A) Total for Each Column:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
**[B] Totals from blank worksheets:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Final Totals Reviewed Records (A+B):	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

(Copy final total for reviewed records to the School Summary Sheet for submission)

* MR = Meets state requirements for enrollment in school

* Fully Immunized = Meets immunization requirements (reqts) through vaccination, history of disease (varicella), or serology (where applicable).

**[B]: If applicable, use blank worksheet for enrolled students not named on the report.

Review each student's record requiring review and document their status in the KISR

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines				(If columns 6, 7, or 8 are m		
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record
1. BENDER, JAMES	[]	[]	[]__	[]	[]	[]__	[]	[]
2. BOYD, AMY	[]	[]	[]__	[]	[]	[]__	[]	[]
3. BROOKS, KYREE	[]	[]	[]__	[]	[]	[]__	[]	[]
4. CLINTON, COLTON	[]	[]	[]__	[]	[]	[]__	[]	[]
5. FROST, BROOKS	[]	[]	[]__	[]	[]	[]__	[]	[]
6. ROMANO, ANTHONY	[]	[]	[]__	[]	[]	[]__	[]	[]
7. STEWART, ADA	[]	[]	[]__	[]	[]	[]__	[]	[]

1. Meets Requirements (MR:) Fully Immunized, verified by Official Immunization Certificate

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines				(If columns 6, 7, or 8 are not checked)		
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record
1. BENDER, JAMES	[X]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[X]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[X]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[]	[]	[]
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[]
6. ROMANO, ANTHONY	[]	[]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[]	[]	[]	[]	[]

2. Missing Vaccine Record

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines			(If columns 6, 7, or 8 are m			
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record
1. BENDER, JAMES	[X]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[X]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[X]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[]	[]	[]
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[]
6. ROMANO, ANTHONY	[]	[X]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[]	[]	[]	[]	[]

3. In-State Public School Transfer < 30 Days

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines			(If columns 6, 7, or 8 are marked)			
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record
1. BENDER, JAMES	[X]	[]	[]__	[]	[]	[]__	[]	[]
2. BOYD, AMY	[X]	[]	[]__	[]	[]	[]__	[]	[]
3. BROOKS, KYREE	[X]	[]	[]__	[]	[]	[]__	[]	[]
4. CLINTON, COLTON	[]	[]	[]__	[]	[]	[]__	[]	[]
5. FROST, BROOKS	[]	[]	[]__	[]	[]	[]__	[]	[]
6. ROMANO, ANTHONY	[]	[X]	[]__	[]	[]	[]__	[]	[]
7. STEWART, ADA	[]	[]	[]__	[]	[]	[]__	[]	[]

4. No Longer Enrolled in School

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines			(If columns 6, 7, or 8 are marked)			
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record
1. BENDER, JAMES	[X]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[X]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[X]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[]	[]	[]
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[]
6. ROMANO, ANTHONY	[]	[X]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[X]	[]	[]	[]	[]

5. Meets Requirements (MR): Religious Exemption

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines			MR: Religious Exemption	(If columns 6, 7, or 8 are m)		
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School		-5-	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption
1. BENDER, JAMES	[X]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[X]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[X]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[]	[]	[]
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[]
6. ROMANO, ANTHONY	[]	[X]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[X]	[]	[]	[]	[]

6. Meets Requirements (MR): Valid Temporary Certificate

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines				(If columns 6, 7, or 8 are marked)		
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record
1. BENDER, JAMES	[X]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[X]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[X]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[X] 12/31	[]	[]
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[]
6. ROMANO, ANTHONY	[]	[X]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[X]	[]	[]	[]	[]

7. Meets Requirements (MR): Medical Exemption

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines				(If columns 6, 7 or 8 are marked)		
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record
1. BENDER, JAMES	[X]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[X]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[X]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[X] 12/31	[]	[]
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[]
6. ROMANO, ANTHONY	[]	[X]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[X]	[]	[]	[]	[]

8. Incomplete Vaccine Record

Children Requiring Record Review

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines				(If columns 6, 7, or 8 are m		-8- Incomplete Vaccine Record
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled In School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	
1. BENDER, JAMES	[X]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[X]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[X]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[]	[]	[]	[]	[]	[X] 12/31	[]	[]
5. FROST, BROOKS	[]	[]	[]	[]	[]	[]	[]	[X]
6. ROMANO, ANTHONY	[]	[X]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[X]	[]	[]	[]	[]

If a student falls into category 6, 7, or 8, check individual COMPLETE vaccine(s) in the appropriate boxes under **column 9 through column 14** on the KISR.

Student Name	Not Fully Vaccinated (If columns 6, 7, or 8 are marked, mark individual COMPLETE vaccines in columns 9 through 14.)								
	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record	-9- DTaP/DT COMPLETE	-10- Hep B COMPLETE	-11- MMR COMPLETE	-12- Polio COMPLETE	-13- Varicella COMPLETE or Disease History	-14- Hepatitis A COMPLETE
1. BENDER, JAMES	[]	[]	[]	[]	[]	[]	[]	[]	[]
2. BOYD, AMY	[]	[]	[]	[]	[]	[]	[]	[]	[]
3. BROOKS, KYREE	[]	[]	[]	[]	[]	[]	[]	[]	[]
4. CLINTON, COLTON	[X]	[]	[]	[]	[X]	[X]	[X]	[X]	[X]
5. FROST, BROOKS	[]	[]	[X]	[X]	[X]	[X]	[]	[]	[]
6. ROMANO, ANTHONY	[]	[]	[]	[]	[]	[]	[]	[]	[]
7. STEWART, ADA	[]	[]	[]	[]	[]	[]	[]	[]	[]

Sum up each column's total on the pre-populated and blank Kindergarten Immunization Status Report

Number of Children who Meet Immunization Requirements: 13 ()**

Data Worksheet

Student Name	Meets Reqts (MR)	Excluded from Evaluation of Vaccines				Not Fully Vaccinated (If columns 6, 7, or 8 are marked, mark individual COMPLETE vaccines in columns 9 through 14.)									
	-1- MR: Fully Immunized*	-2- Missing Vaccine Record	-3- In-State Public School Transfer < 30 Days (Date)	-4- No Longer Enrolled in School	-5- MR: Religious Exemption	-6- MR: Valid Temporary Certificate (Date)	-7- MR: Medical Exemption	-8- Incomplete Vaccine Record	-9- DTaP/DT COMPLETE	-10- Hep B COMPLETE	-11- MMR COMPLETE	-12- Polio COMPLETE	-13- Varicella COMPLETE or Disease History	-14- Hepatitis A COMPLETE	
1. AUSTIN, JENNIFER															TennIS Validated Fully Immunized (No Action Necessary)
2. BRAGG, AIDEN															TennIS Validated Fully Immunized (No Action Necessary)
3. CUNNINGHAM, CORA															TennIS Validated Fully Immunized (No Action Necessary)
4. CUTSHALL, KADEN															TennIS Validated Fully Immunized (No Action Necessary)
5. ELLIOTT, JAMIYAH															TennIS Validated Fully Immunized (No Action Necessary)
6. EPPS, ELI															TennIS Validated Fully Immunized (No Action Necessary)
7. FLEMING, AADEN															TennIS Validated Fully Immunized (No Action Necessary)
8. INGRAM, JOSE															TennIS Validated Fully Immunized (No Action Necessary)
9. SAMAR, KEVIN															TennIS Validated Fully Immunized (No Action Necessary)
10. SIMPSON, CASH															TennIS Validated Fully Immunized (No Action Necessary)
11. WATKINS, AXEL															TennIS Validated Fully Immunized (No Action Necessary)
12. WHEELER, JORDAN															TennIS Validated Fully Immunized (No Action Necessary)
13. WOODARD, DENNIS															TennIS Validated Fully Immunized (No Action Necessary)

= **13** students validated by TennIS (1a on the School Summary Report)

Add up each column on the KISR

Public School Example

Children Requiring Record Review

Data Worksheet

Student Name	Meets Rqts (MR)	Excluded from Evaluation of Vaccines				Not Fully Vaccinated (If columns 6, 7, or 8 are marked, mark individual COMPLETE vaccines in columns 9 through 14.)									
	-1-	-2-	-3-	-4-	-5-	-6-	-7-	-8-	-9-	-10-	-11-	-12-	-13-	-14-	
	MR: Fully Immunized*	In-State Public Vaccine Record	School Transfer < 30 Days (Date)	No Longer Enrolled In School	MR: Religious Exemption	MR: Valid Temporary Certificate (Date)	MR: Medical Exemption	Incomplete Vaccine Record	DTaP/DT COMPLETE	Hep B COMPLETE	MMR COMPLETE	Polio COMPLETE	Varicella COMPLETE or Disease History	Hepatitis A COMPLETE	
1. BENDER, JAMES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. BOYD, AMY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. BROOKS, KYREE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. CLINTON, COLTON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. FROST, BROOKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. ROMANO, ANTHONY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. STEWART, ADA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(A) Total for Each Column:	3	1	0	1	0	1	0	1	1	2	2	1	1	1	
** (B) Totals from blank worksheets:															
Final Totals Reviewed Records (A+B):															

Kindergarten Immunization Status Report

2020 – 2021 PRIVATE SCHOOL KINDERGARTEN IMMUNIZATION STATUS REPORT

School County: _____

School Name: _____

Kindergarten Teacher Name (if completed by classroom teacher): _____

1. Were all immunization records requiring review assessed by a school nurse? YES NO NOT SURE

2. Number of kindergarten students enrolled*: _____

3. Number of kindergarten students who are fully immunized* (do not list individually): _____

► If your school has 0 kindergarten students enrolled or is a distance learning program, you do not need to fill out the Kindergarten Immunization Status Report or the School Summary Report.

You are still required to go to https://redcap.link/ImmCompliance_Private_2020 and indicate that your school has 0 kindergarten students for record purposes.

In the table below, list any child in your kindergarten who is not counted above in #3 as fully immunized.

NOTE: If more than 10 children are not fully immunized, make additional copies of the this report before filling in student names.

Student's Name	Excluded from Evaluation of Vaccines		Not Fully Vaccinated and Reason(s) Not Fully Vaccinated (If columns 6, 7, or 8 are marked, mark individual COMPLETE vaccines in columns 9 through 14.)								
	- 4 - Missing Vaccination Record	- 5 - MR**: Religious Exemption	- 6 - MR*: Valid Temporary Certificate (Date)	- 7 - MR**: Medical Exemption	- 8 - Incomplete Vaccine Record	- 9 - DTaP/DT COMPLETE	- 10 - Hepatitis B COMPLETE	- 11 - MMR COMPLETE	- 12 - Polio COMPLETE	- 13 - Varicella COMPLETE or Disease History	- 14 - Hepatitis A COMPLETE
1	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
2	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
3	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
4	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
5	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
6	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
7	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
8	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
9	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
10	[]	[]	[] _____	[]	[]	[]	[]	[]	[]	[]	[]
Total for Each Column:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

* Fully Immunized = Meets requirements by being fully immunized, verified by Tennessee Official Immunization Certificate on file

** MR = Meets state requirements for enrollment in school

Public vs. Private School Process, continued

- **Public School Packets**

- Instructions
- * Kindergarten Immunization Status Report
- Blank School Data Worksheet

- School Summary Report
- Report results online

- **Private School Packets**

- Instructions
- * Kindergarten Immunization Status Report
- N/A

- School Summary Report
- Report results online

School Summary Report

- Public School Example

2020-2021 Kindergarten Immunization Compliance Assessment School Summary Report – Public Schools



School District: _____
 School Name: _____
 Person Completing Assessment: _____
 Job Title: _____
 Date of Assessment: _____

To complete your assessment, go to https://redcap.link/immCompliance_Public_2020 and submit the results of this School Summary Report. Completing the online survey is a required step. See Instructions for more details.

Were all immunization records requiring review assessed by a school nurse?	[] YES [] NO [] NOT SURE
Total number of enrolled kindergarten students at the time of your immunization record assessment. <i>(Exclude students no longer enrolled at your school at time of assessment)</i>	Total Enrolled:
Students Meeting Immunization Requirements (Fully Immunized)	
1. Number of students who are fully immunized	1.
1a. Of those fully immunized, the number of students who are TennIS Validated Fully Immunized on the Kindergarten Immunization Status Report. <i>(Exclude any listed child who is not enrolled in your kindergarten)</i>	1a.
1b. Of those fully immunized, the number of students verified by a Tennessee Official Immunization Certificate on file at your school (i.e., not TennIS Validated)	1b.
<i>Accuracy check: The sum of line 1a and 1b. This number should equal the number of students who are fully immunized (#1)</i>	Sum(1a+1b)
Students Excluded from Evaluation of Vaccines	
2. Number of students with a missing vaccine record	2.
3. Number of students exempt due to in-state public school transfer within 30 days	3.
4. Number of students no longer enrolled in your school <i>(These students are excluded from all other categories in the assessment, calculations, and the Total Enrolled number)</i>	4.
5. Number of students with a valid religious exemption	5.
Students Not Fully Vaccinated and Reason(s) Not Fully Vaccinated	
6. Number of students with a valid temporary certificate	6.
7. Number of students with a valid medical exemption	7.
8. Number of students with an incomplete vaccination record not meeting requirements	8.
<i>Accuracy check: The sum of lines 1a, 1b, 2, 3, 5, 6, 7 and 8. Do not include line 4. This number should equal the Total Enrolled number listed above.</i>	Sum(1a+1b+2+3+5+6+7+8)
<i>Only complete for students falling into columns #6 – #8 (i.e., valid temporary certificate, valid medical exemption, incomplete vaccination record)</i>	
9. Number of students in columns #6-8 who are COMPLETE for DTaP/DT	9.
10. Number of students in columns #6-8 who are COMPLETE for Hepatitis B	10.
11. Number of students in columns #6-8 who are COMPLETE for MMR	11.
12. Number of students in columns #6-8 who are COMPLETE for Polio	12.
13. Number of students in columns #6-8 who are COMPLETE for Varicella or Disease History	13.
14. Number of students in columns #6-8 who are COMPLETE for Hepatitis A	14.

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 710 James Robertson Pkwy · Nashville, TN 37243 · 800-342-1813 · school.imm@tn.gov · tn.gov/health

- Private School Example

2020-2021 Kindergarten Immunization Compliance Assessment School Summary Report – Private Schools



School County: _____
 School Name: _____
 Number of Kindergarten Students Enrolled*: _____
 Person Completing Assessment: _____
 Job Title: _____
 Date of Assessment: _____

* If your school has 0 kindergarten students enrolled or is a distance learning program, you do not need to fill out the School Data Worksheet or School Summary Report. You are still required to go to https://redcap.link/immCompliance_Private_2020 and indicate that your school has 0 kindergarten students for record purposes.

1. Were all immunization records requiring review assessed by a school nurse?	1. [] YES [] NO [] NOT SURE
2. Total number of enrolled kindergarten students at the time of your immunization record assessment	2.
3. Number of kindergarten students who are fully immunized (i.e., meet requirements (MR) by being fully immunized, verified by a Tennessee Official Immunization Certificate on file)	3.
4. Number of students with a missing vaccine record <i>No TN Official Immunization Certificate is on file for students in this category.</i>	4.
5. Number of students with a religious exemption	5.
6. Number of students with a valid temporary certificate <i>A valid temporary certificate is one that has not expired at the time of assessment.</i>	6.
7. Number of students with a valid medical exemption	7.
8. Number of students with an incomplete vaccination record not meeting requirements	8.
<i>Accuracy check: The sum of lines 3-8. This number should equal the total enrollment number (#2).</i>	Sum(3+4+5+6+7+8)
<i>Only complete for students falling into column #6 – #8 (i.e., valid temporary certificate, valid medical exemption, incomplete vaccination record)</i>	
9. Number of students in columns #6-8 who are COMPLETE for DTaP/DT	9.
10. Number of students in columns #6-8 who are COMPLETE for Hepatitis B	10.
11. Number of students in columns #6-8 who are COMPLETE for MMR	11.
12. Number of students in columns #6-8 who are COMPLETE for Polio	12.
13. Number of students in columns #6-8 who are COMPLETE for Varicella or Disease History	13.
14. Number of students in columns #6-8 who are COMPLETE for Hepatitis A	14.

To complete the assessment, go to https://redcap.link/immCompliance_Private_2020 and submit the results of your School Summary Report by January 15, 2021. Completing this online survey is a required step. See Instructions for more details.

TN Vaccine-Preventable Diseases and Immunization Program · Andrew Johnson Tower, 3rd Floor
 710 James Robertson Pkwy · Nashville, TN 37243 · 800-342-1813 · school.imm@tn.gov · tn.gov/health

Public vs. Private School Process, continued

- **Public School Packets**

- Instructions
- * Kindergarten Immunization Status Report
- Blank School Data Worksheet
- School Summary Report
- Report results online

- **Private School Packets**

- Instructions
- * Kindergarten Immunization Status Report
- N/A
- School Summary Report
- Report results online



ONLINE SURVEY OVERVIEW



TM

Go online to submit your School Summary Report results:

- **Public Schools:** https://redcap.link/ImmCompliance_Public_2020
- **Private Schools:** https://redcap.link/ImmCompliance_Private_2020

School District and School Name

If your school has already submitted a survey for the 2020-2021 assessment year, DO NOT submit a second survey.

If you are unsure whether your school has already completed an assessment, or you believe you made mistakes in a previous submission, email school.imm@tn.gov.

Please select your School District from the dropdown list below.

* must provide value

DAVIDSON COUNTY ▼

NOTE: If you do not see your school district listed, please contact the Tennessee Immunization Program at School.Imm@TN.gov or call 1-800-342-1813.

Please select your School Name from the dropdown list below.

* must provide value

▼

NOTE: If you do not see your school listed, please contact the Tennessee Immunization Program at School.Imm@TN.gov or call 1-800-342-1813.

Next Page >>

Save & Return Later

Your Contact Information

Please fill in the following fields with your name and contact information. We will use the information to follow up if there are any issues.

First Name:

* must provide value

Jonas

Last Name:

* must provide value

Salk

Job Title:

* must provide value

School Nurse

Teacher

NOTE: Some fields are required!

Your data was successfully saved, but you did not provide a value for some fields that require a value. Please enter a value for the fields on this page that are listed below.

Provide a value for...

• Work Email:

Okay

Were all immunization records requiring review assessed by a school nurse?

* must provide value

Yes

No

Not Sure

reset

NOTE: You must fill in each of the following questions with a number. Missing values will not be accepted. If the number is 0, please type in the value 0.

Total number of enrolled kindergarten students at the time of your immunization record assessment:

* must provide value

19

*NOTE: We want the actual number of children enrolled in kindergarten at your school. We know that the student names on the Kindergarten Immunization Status Report may include students no longer enrolled in your kindergarten, and may exclude students newly enrolled at your school.

**1) Number of students who are fully immunized:
(Question #1 on School Summary Report)**

* must provide value

13

**1a) Of those fully immunized, the number of students who are TennIIS Validated Fully Immunized on the Kindergarten Immunization Status Report:
(Question #1a on School Summary Report)**

* must provide value

3

(Exclude any listed child who is not enrolled in your kindergarten)

14) Number of students in question #6-8 who are COMPLETE for Hepatitis A (i.e., students who have a valid temporary certificate, valid medical exemption, or incomplete vaccination record but are COMPLETE for Hepatitis A):
(Question #14 on School Summary Report)

* must provide value

ERROR!

The number of students who are COMPLETE for Hepatitis A should be LESS THAN or EQUAL TO the number of students who are "Not Fully Vaccinated" (sum of Question 6 + Question 7 + Question 8 on School Summary Report).

Please review your Kindergarten Immunization Status Report and Blank School Data Worksheet(s) and revise your totals.

Date of Immunization Compliance Assessment Completion:

If your compliance assessment was completed sometime other than the date on which you submit this online report, please enter the date you completed your record review:

* must provide value

  Today M-D-Y

PLEASE NOTE:

If you have any inconsistencies in the numbers you filled in above, you will see one or more ERROR messages.

If you do not see any ERROR messages, please proceed to the next page.

If you see one or more ERROR messages, you must update your numbers following the instructions in each ERROR message explanation.

If you made the corrections and you are still seeing ERROR messages, try clicking anywhere on the survey page to 'reset' your screen. If you are still seeing ERROR messages, contact the Tennessee Vaccine-Preventable Diseases and Immunization Program at school.imm@tn.gov or call 1-800-342-1813 for assistance.

<< Previous Page

Next Page >>

Save & Return Later

Dear Jonas Salk,

Thank you for completing the 2020-2021 Kindergarten Immunization Compliance Assessment!

Please review the following information before you click "Submit". If you see an error, please click the "Previous Page" button to go back to the questions and update your response. If you have questions or are unsure how to fill out a field, please contact the Tennessee Vaccine-Preventable Diseases and Immunization Program at school.imm@tn.gov or call 1-800-342-1813.

Once you click "Submit", your submission will be complete. You will then have the option to send yourself a confirmation email; the email will include a PDF copy of your responses. You will also have the option to download a PDF of your responses.

SUMMARY OF CONTACT INFORMATION:

First Name:

Jonas

Last Name:

Salk

Job Title:

School Nurse

Work Phone Number:

(615) 741-8658

Phone Number Extension:

Work Email:

Close survey

Thank you for completing the Kindergarten Immunization Compliance Assessment!

A message confirming completion will be sent to you **if you enter your email address in the box below.**

You can also download a **PDF copy of your responses** from this page using the **DOWNLOAD** button below.

If you have any questions or concerns about your submission, please email the Tennessee Immunization Program at school.imm@tn.gov or call 1-800-342-1813.


Enter your email to receive confirmation message?

A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

Send confirmation email

* Your email address will not be stored

Download your survey response (PDF):

 Download

Summary

- Public and private schools must complete survey online by Friday, **January 15, 2021**
- Public SD POCs and private school POCs will receive bi-weekly emails with school's survey completion status starting mid-December
- Have questions?
 - Email us at school.imm@tn.gov
 - Call us at 1-800-324-1813