

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803011

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST ELEMENTARY SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt
K	97	90	93	93	80	78	NA	NA	93	76	0	0	0	0

Had Disease
0

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
K	18	76	3	NA

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803011

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST ELEMENTARY SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt
01	92	91	90	92	90	90	NA	NA	91	89	0	0	0	0

Had Disease
0

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
01	3	89	0	NA

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803011

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST ELEMENTARY SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
02	112	112	112	112	112	111	0	NA	NA	111	0	0	0	0
						Had Disease								
						0								

\*1 Dose required if student is older than 11 years on September 1st

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
02	1	111	0	NA

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803011

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST ELEMENTARY SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
03	90	88	88	88	88	88	0	NA	NA	88	0	0	1	1
						Had Disease								
						0								

\*1 Dose required if student is older than 11 years on September 1st

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
03	0	89	1	NA

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803013

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST INTERMED SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
04	120	118	120	120	120	120	0	NA	NA	118	0	0	0	0
						Had Disease								
						0								

\*1 Dose required if student is older than 11 years on September 1st

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
04	2	118	0	NA

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803013

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST INTERMED SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
05	97	93	94	95	95	92	1	NA	NA	80	0	0	0	0
						Had Disease								
						0								

\*1 Dose required if student is older than 11 years on September 1st

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
05	15	80	2	NA

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803013

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST INTERMED SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
06	108	106	106	105	106	105	8	NA	NA	8	1	0	1	2
						Had Disease								
						0								

\*1 Dose required if student is older than 11 years on September 1st

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
06	97	10	1	NA

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803013

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST INTERMED SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
07	108	104	105	105	104	103	102	93	NA	86	1	0	0	1
						Had Disease								
						0								

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
07	20	87	1	0



**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803013

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST INTERMED SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
08	127	120	122	122	123	121	118	110	NA	113	1	0	1	2
						Had Disease		2 Doses*						
						0		0						

\*MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose

-OR-

1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
08	9	115	3	0

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803012

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST HIGH SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
09	125	113	119	119	121	118	116	105	NA	107	0	1	0	1
						Had Disease		2 Doses*						
						0		0						

\*MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose  
 -OR-  
 1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
09	14	108	3	8

**GREEN FOREST SCHOOL DISTRICT**

LEA: 0803012

**SCHOOL MEDICAL IMMUNIZATION REPORT**

CYCLE: 3

SCHOOL: GREEN FOREST HIGH SCHOOL

SCHOOL YEAR: 2020 - 2021

County: CARROLL

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
10	98	86	90	88	91	91	91	73	NA	83	3	1	2	6
						Had Disease		2 Doses*						
						0		7						

\*MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose

-OR-

1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
10	6	89	3	7

**GREEN FOREST SCHOOL DISTRICT**

**SCHOOL MEDICAL IMMUNIZATION REPORT**

**CYCLE: 3**

**LEA: 0803012**

**SCHOOL: GREEN FOREST HIGH SCHOOL**

**SCHOOL YEAR: 2020 - 2021**

**County: CARROLL**

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
11	94	89	90	90	91	91	90	2	NA	87	2	1	1	4
						Had Disease		2 Doses*						
						0		25						

\*MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose  
 -OR-  
 1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
11	2	91	1	15

**GREEN FOREST SCHOOL DISTRICT**

**SCHOOL MEDICAL IMMUNIZATION REPORT**

**CYCLE: 3**

**LEA: 0803012**

**SCHOOL: GREEN FOREST HIGH SCHOOL**

**SCHOOL YEAR: 2020 - 2021**

**County: CARROLL**

		Section I - Number of Students Meeting Requirements									Section II - Exemptions			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
12	86	78	81	83	83	82	82	1	NA	75	1	0	1	2
						Had Disease		2 Doses*						
						0		63						

\*MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose

-OR-

1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records P	Compliant Q	Non-Compliant R	Recommended S
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
12	7	77	2	4