

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

DATE: July 23, 2018
TO: County Health Department Directors/Administrators
FROM: Carina Blackmore, DVM, PhD, Dipl ACVMP
Director, Division of Disease Control and Health Protection 
SUBJECT: Compulsory School Immunizations
Annual Report and Survey, 2018–2019 School Year

ACTION**REQUIRED:** Review and comply with standards**DUE DATE:** October 31, 2018

Each public and private school with a kindergarten or seventh grade is required to submit an annual report of compliance with section 1003.22, Florida Statutes, and Florida Administrative Code Rule 64D-3.046, indicating the compulsory immunization status of all children attending kindergarten and seventh grades.

Public schools will electronically submit student immunization data to the Department of Education (DOE) during Survey 2 “Survey Week:” October 8–12, 2018. The DOE will review the data, and submit a final report, known as the *Annual Report of Compliance Compulsory Immunization, District Report*, to the Department of Health (DOH) Immunization Section by December 28, 2018, which is two weeks after the DOE’s amendment deadline.

Private schools will manually complete and submit an *Immunization Annual Report of Compliance for Kindergarten and Seventh Grade* (DH Form 684) to the local county health department (CHD) by October 1, 2018. Each CHD will submit a *Kindergarten and Seventh Grade Annual Report of Compliance County Summary* (DH Form 685), to the DOH Immunization Section by October 31, 2018.

Proper categorization of student immunization status is essential for obtaining accurate vaccination coverage rates. Follow the steps below to ensure data integrity:

The DOE should categorize fully immunized kindergarten and seventh grade **public** school students as “Total Certificates of Immunization” for Survey 2. **Private** schools should categorize fully immunized students as “Fully Immunized” on a DH Form 684 (enclosed). This includes students who were issued a Temporary Medical Exemption (TME), but also received all required immunizations for their grade. Schools should then follow up with the parent/guardian of those students, ensuring proper immunization documentation is on file at the school.

Schools should categorize students who were given a 30-Day Transfer Exemption, but have been enrolled **more than 30 days**, as Out of Compliance. Schools should then follow up with the parent/guardian of those students, ensuring immunizations are received and current documentation is on file at the school.

Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Epidemiology
4052 Bald Cypress Way, Bin A-11 • Tallahassee, FL 32399
PHONE: 850-245-4342 • FAX: 850-922-4195
FloridaHealth.gov



CHD/Private School-specific:

CHDs will visit the DOE website at www.fldoe.org/schools/school-choice/private-schools/ for the Directory of Private Schools, and download the Private School Contact List for their county (district), selecting only those schools with a kindergarten or seventh grade. CHDs should then combine this list of private schools with the list of private schools that submitted a DH Form 684 last school year. Additionally, CHDs will:

Prior to distribution to private schools, **edit the enclosed DH Form 684** to be county specific. This includes adding contact information in the “Attention CHD” field, such as the CHD name, address, telephone number, fax number, and contact person’s name. **All other formatting must remain.**

Distribute a DH Form 684 and the instruction sheet to the private schools identified. Emailing these forms is cost efficient, and therefore encouraged. Do NOT include a copy of this memorandum, as doing so often adds confusion for school personnel.

Ensure private schools submit a completed DH Form 684 by October 1, 2018.

Review each DH Form 684, ensuring the combined total of the categories in *(C) Summary Information* is equivalent to the number of *Students Enrolled in Grade*. If the data is incorrect, contact the school to request a revision.

Compile the data from all DH Form 684s onto a DH Form 685, ensuring the *Total Number of Children Enrolled* is equivalent to the *Number of Students Enrolled in Each Category*.

Email the completed DH Form 685 to Central Office, attention Amy.Wilson@flhealth.gov, by **October 31, 2018**. This includes those CHDs without private schools in their county.

To streamline private school reporting, DH Form 684 was revised to exclude the year due. The updated form now states “Submit to the local county health department by October 1.” This change allows schools to use the same form the following year, without waiting for the CHD to email or mail the form. The DH Form 684 is also now available on the Department’s website at www.floridahealth.gov/programs-and-services/immunization/resources/surveys/documents/dh-684-with-instructions.docx. If you have questions concerning this assessment, please contact your Immunization Section field staff representative (see enclosure) or our survey and assessment consultant, Ms. Amy Wilson, at 850-901-6806.

CB/RG/aw
Enclosures

cc: Florida Department of Education
Monica Verra-Tirado, EdD, Chief
Bureau of Exceptional Student Education and Student Services
Shawna Reid, Chief
The Education Data Warehouse
Beth Moore, EdD, Senior Educational Program Director
Bureau of Exceptional Student Education and Student Services
Florida Department of Health
Paul D. Myers, MS, Deputy Secretary
County Health Systems
Russell W. Eggert, MD, MPH, FACPM, FAAFP, Chief
Bureau of Epidemiology
Robert M. Griffin, Administrator
Immunization Section
County Health Department Nursing Directors
Immunization Section Field Staff Representatives

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Kindergarten and Seventh Grade
Annual Report of Compliance—County Summary
Compulsory Immunization—Section 1003.22, Florida Statutes

DOH-County: _____

County summary of private school manual reporting (from DH Form 684s):

Grade	Total Number of:			Number of Students in Each Category:				
	Private Schools	Students Enrolled	Fully Immunized DH 680 (Part A)	Medical Exemptions		Religious Exemption DH 681	30-Day Transfer Exemption	Out Of Compliance
				Temporary DH 680 (Part B)	Permanent DH 680 (Part C)			
Kindergarten								
Seventh								

Report completed by: _____

Telephone: _____

Date Submitted: _____

Must submit by October 31

Submit to:

Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Epidemiology, Immunization Section
4052 Bald Cypress Way, Bin A-11
Tallahassee, Florida 32399

DH Form 685, Rev 07/17

Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Epidemiology
4052 Bald Cypress Way, Bin A-11 • Tallahassee, FL 32399
PHONE: 850-245-4342 • FAX: 850-922-4195
FloridaHealth.gov



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Immunization Annual Report of Compliance for Kindergarten and Seventh Grade Compulsory Immunization—Section 1003.22, Florida Statutes

(A) Private School Information:

Date: _____

Name of School: _____			Information on the person completing this form: Name: _____ Position/Agency: _____ Phone Number: _____		
Address: _____					
City	Zip	County			
Name of Principal: _____					

(B) Student Information: List only those students **not** fully immunized for grade. Indicate exemption type or if out of compliance.

Exemptions expiring before October 1 of the current year are out of compliance.

Student Name (Last, First)	Grade	Medical Exemptions		Religious Exemption (DH 681)	30-Day Transfer Exemptions List Enrollment Date	Out of Compliance
		Temporary (Part B) List Expiration Date	Permanent (Part C)			
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

(C) Summary Information: Provide the total number of students in each category.

Grade	Students Enrolled	Fully Immunized DH 680 (Part A)	Medical Exemptions		Religious Exemption (DH 681)	30-Day Transfer Exemptions	Out of Compliance
			Temporary DH 680 (Part B)	Permanent DH 680 (Part C)			
Kindergarten							
Seventh							

Submit to the following local county health department by October 1:

DH Form 684, 07/17

Attention CHD: Add CHD contact information **PRIOR** to copying and distributing. Be sure to include a telephone number.

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INSTRUCTIONS FOR COMPLETING DH FORM 684

Section 1003.22, Florida Statutes, requires private schools with a kindergarten or seventh grade to submit a completed *Immunization Annual Report of Compliance for Kindergarten and Seventh Grade* (DH Form 684) to the local county health department (CHD) by October 1 each year. The following explains how to complete this form:

- (A) **Private School Information:** Clearly print all identifying information for the private school, including mailing address, telephone number, name of school principal, and contact person.
- (B) **Student Information:** List only those students who are **not** fully immunized for grade. Indicate grade, exemption type, or if Out of Compliance with section 1003.22. See below for guidance.

Temporary Medical Exemption*: For students presenting a valid DH Form 680, Part B, signed by a licensed physician or authorized designee. The expiration date must be current (not expired). If expired, change category to Out of Compliance.

Permanent Medical Exemption: For students presenting a valid DH Form 680, Part C, signed by a licensed physician. This category is only for students who cannot receive one or more vaccines required for school entry, based upon valid clinical reasoning or evidence. The contraindicated vaccine(s) must be indicated on the form for the exemption to be valid.

Religious Exemption: For students with an exemption from immunization due to religious tenets or practices. This is documented on a DH Form 681, available only from CHDs.

30-Day Transfer Exemption*: An authorized school official may issue this [temporary] exemption, for up to 30 school days, to permit students who are transferring from another Florida county; are experiencing homelessness; entering a juvenile justice program, or known to the Department, as defined in section 39.0016, Florida Statutes, to attend school until their immunization record is obtained or until they receive the necessary immunizations and provides proof thereof.

Out of Compliance*: For students not meeting school entry and attendance immunization requirements and lacking proper documentation of an exemption. This category includes students without a valid DH Form 680, DH Form 681, or 30-Day Transfer Exemption (if applicable); or with an expired Temporary Medical Exemption or 30-Day Transfer Exemption.

- (C) **Summary Information:** Provide the total number of students in each category, for both kindergarten and seventh grade, ensuring the totals equal to the number of Students Enrolled.

*The school nurse or authorized school official is responsible for follow up of these students, ensuring completion of immunizations and proper documentation.

Rev 07/17

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Jaqueline Senior, South Regional Field Staff Manager
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Field Operations Manager: Tracey Andrews – (850) 901-6776 Cell (850) 544-9893 / Adm. Secretary: Dana Smelt – (850) 901-6799
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