MEMORANDUM

DATE: August 18, 2020

TO: County Health Department Health Officers

FROM: Carina Blackmore, DVM, PhD, Dipl ACVPM, Director, Division of Disease Control and Health Protection

SUBJECT: Compulsory School Immunizations Annual Report and Survey, 2020–2021 School Year

ACTION REQUIRED: Review, complete, and submit by DUE DATE: October 31, 2020

Prior to admission or attendance at a public or private school, grades kindergarten (KG) through 12 (KG–12), or any other initial entrance into a Florida public or private school, each child is required to have on file with the school a Florida Certification of Immunization (DH Form 680), Part A, unless they meet one of the qualifying exemptions from vaccination. Schools with a KG or seventh grade are required to submit an annual report of compliance with section 1003.22(8), Florida Statutes, and Florida Administrative Code Rule 64D-3.046 indicating the immunization status of all children attending KG and seventh grade.

Public schools input student vaccination and exemption data into the Florida Department of Education’s (FDOE) Florida Automated System for Transferring Educational Records (the FASTER system), including assigning a code (1–8 or X–Z) for Data Element 132025, Immunization Status. Schools will electronically transmit the data to their respective school districts during “survey week” (October 5–9, 2020) for Survey 2. School districts will review then electronically transmit the data to FDOE. FDOE will validate the data and send an aggregate report by school district of the number of students enrolled, by immunization status, to the Florida Department of Health’s (FDOH) Immunization Section by December 31, 2020.

Private schools will send aggregated school-specific immunization status and exemption data, and student-specific exemption information for those without a DH Form 680 Part A, on an Immunization Annual Report of Compliance for Kindergarten and Seventh Grade (DH Form 684) to the local county health department (CHD) by October 1, 2020. Each CHD will review the DH Form 684s and send an aggregated, county-specific report, known as the Kindergarten and Seventh Grade Annual Report of Compliance County Summary (DH Form 685), to FDOH’s Immunization Section by October 31, 2020.

Proper categorization and documentation of student immunization status is essential for obtaining accurate immunization coverage and exemption rates. These categories are:

• DH Form 680, Part A (FDOE Code 1 or 8):
  These are issued for children who meet the vaccination requirement for entry into grades KG–12. Code 1 indicates the general vaccine requirements for grades KG–12 entry was met. Code 8 indicates the vaccine requirement for seventh-seventh-grade entry was met.
It is common with children entering a Florida school for the first time into grades seven through twelve to have FDOE Code 1 and 8 selected (by their medical providers) to show the seventh-grade vaccination requirement was met as well as the general vaccination requirement for KG entry. Because the FASTER system allows for only one immunization status code per student, schools should categorize students who have a Code 1 and a Code 8 as a Code 8.

- **DH Form 680, Part B**, Temporary Medical Exemption (TME) (FDOE Code 2): These are issued for children in the process of completing the vaccine requirement for entry into grades KG–12. These exemptions typically expire by the next recommended interval for the vaccination(s) due plus 15 days. Note: Schools are responsible for follow-up, ensuring either another exemption or a Part A (with the appropriate code) is received before the current Part B expires. Students with an expired Part B on file should be categorized as out of compliance.

- **DH Form 680, Part C** Permanent Medical Exemption (PME) (FDOE Code 3): These are issued for children who cannot receive one or more of the required vaccinations based upon valid clinical reasoning or evidence of which the physician must state in writing. These exemptions do not expire. Note: Part Cs may be issued in conjunction with a Part A or Part B. Schools should categorize students who have a Part C and a Part A or B as a Part C.

- **Religious Exemption From Immunization (DH Form 681)** (FDOE Code 4): These are issued by a CHD for children whose parent or guardian states in writing immunizations conflict with their religious tenets or practices. These do not expire.

- **30-Day Exemption** (FDOE Codes W, X, and Y): These are issued by an authorized school official for students transferring from another school district (Code W), children entering a juvenile justice program (Code X), and children experiencing homelessness or who are “known to the Department” as defined in section 39.0016 (Code Y). The school is responsible for follow-up, ensuring proper documentation is received within the initial 30 days of enrollment.

Students without a valid DH Form 680, DH Form 681, or 30-Day Exemption are out of compliance with section 1003.22 and should be excluded from school until one of these are provided.

**CHD and Private School-Specific:**

As CHDs are responsible for collecting and reporting student immunization data from private schools, the following are the tasks CHDs should take to complete this assignment:

1. From FDOE’s Florida School Choice, *Office of Independent Education & Parental Choice* Web page, at floridaschoolchoice.org/information/privateschooldirectory/DownloadExcelFile.aspx, download the private school list for the county, selecting “Grade Levels Served.”
2. From that list, remove the schools that do not serve KG or seventh grade.
3. Add to this list all private schools that submitted a DH Form 684 the previous school year (if not already in the downloaded list).
4. Save the enclosed DH Form 684, editing the “Attention CHD” field to be county-specific, including CHD name, contact person, telephone number, and FAX number or email address of where to send the completed DH Form 684. No other formatting may be changed.
5. Distribute (U.S. mail, email, or FAX) the enclosed DH Form 684 and instruction sheet to the private schools on the list.
6. Review each completed and returned DH Form 684 for accuracy and completeness, including:
   a. Re-categorize students as out of compliance if Section B includes a student with an expired DH Form 680 Part B, or who is past the initial 30 days of enrollment.
   b. If Section C includes exempt students, provide their exemption information in Section B.
c. The combined total from Section C is equivalent to the number of students enrolled.
d. Follow up with schools by phone or email to correct errors or omissions or to ensure report submission to the CHD by October 1, 2020. Note: All schools offering KG and seventh grade in the 2020–2021 school year are required to submit a DH Form 684 regardless of active enrollment. The form may simply state “0” for the number of students enrolled.

7. Compile the data from all DH Form 684s received on a DH Form 685, ensuring the number of students enrolled is equivalent to the number of students in each category.

8. Email the completed DH Form 685 to the Immunization Section's survey and assessment consultant, Ms. Amy Wilson, at Amy.Wilson@FLHealth.gov, by October 31, 2020. This includes those CHDs without private schools in their counties. Simply write “0” for the total number of schools.

DH Form 684 does not include the year due, allowing schools to use the same DH Form 684 the following year without waiting for the CHD to distribute. It is also available on FDOH’s public website at FloridaHealth.gov/statistics-and-data/immunization-coverage-surveys-reports/state-surveys.html.

Please contact Ms. Amy Wilson at 850-901-6806, or by email at Amy.Wilson@FLHealth.gov if you have questions regarding this survey.

CB/AR/aw

Enclosures

cc: Florida Department of Education
    Monica Verra-Tirado, EdD, Chief, Bureau of Exceptional Education & Student Services (BEESS)
    Dakeyan C. Graham, DMA, Executive Director, Office of Independent Edu. & Parental Choice
    Andrew Weatherill, MS, Director, Student Support Services, BEESS
    Shawna Reid, Chief, Bureau of PK–20 Education Data Warehouse
Florida Department of Health
    Shamarial Roberson, DrPH, MPH, Deputy Secretary for Health
    Beth A. Paterniti, MPA, Director, County Health Systems
    Shay Chapman, MBA, RN, Chief, Bureau of Family Health Services
    Clayton R. Weiss, MPH, Chief, Bureau of Epidemiology
    Amy C. Riggen, BSN, RN, Administrator, Immunization Section
    County Health Department Nursing Directors
    Immunization Section Field Staff Representatives
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):

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total Number of:</th>
<th>Number of Students in Each Category:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private Schools</td>
<td>Students Enrolled</td>
</tr>
<tr>
<td>Kindergarten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seventh</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(A) Private School Information:

Name of School: ____________________________
Address: ____________________________________
City __________________ Zip __________ County ____________
Name of Principal: ___________________________

Information on the person completing this form:
Name: _____________________________________
Position/Agency: _______________________________
Phone Number: ________________________________

(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.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Medical Exemptions</th>
<th>Religious Exemption (DH 681)</th>
<th>30-Day Transfer Exemptions</th>
<th>Out of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>or 7th</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Students Enrolled</th>
<th>Fully Immunized DH 680 (Part A)</th>
<th>Medical Exemptions</th>
<th>Religious Exemption (DH 681)</th>
<th>30-Day Transfer Exemptions</th>
<th>Out of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seventh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

DH Form 684, 07/17

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, county, telephone number, name of principal, and contact person.

(B) **Student Information:** List only those students without a Florida Certification of Immunization (DH Form 680) Part A; that is, students not fully immunized for their grade. Indicate name, grade, exemption type (listed below), expiration date (if applicable), or if out of compliance.

- **DH Form 680, Part B (Temporary Medical Exemption) (TME)**: These are issued for children in the process of completing the vaccine requirement for school entry. The form expiration date must be current. If expired, categorize the student as out of compliance.

- **DH Form 680, Part C (Permanent Medical Exemption) (PME)**: These are issued for children who cannot receive one or more vaccinations required for school entry, based upon valid clinical reasoning or evidence. The contraindicated vaccine(s) must be included on the form. These exemptions do not expire.

- **Religious Exemption From Immunization (DH Form 681):** These are issued for children whose parent or guardian states immunizations conflict with their religious tenets or practices. These exemptions are issued by CHDs and do not expire.

- **30-Day Exemption**: These are issued by an authorized school official for students transferring from another school district, children entering a juvenile justice program, children experiencing homelessness, and children “known to the Department” as defined in section 39.0016. No form is associated with this non-renewable exemption.

- **Out of Compliance**: For students without a valid DH Form 680, 681, or a 30-Day Exemption (if applicable). These students should be excluded from school until compliant.

(C) **Summary Information:** For both kindergarten and seventh grades, provide the total number of students 1) enrolled, 2) with a DH Form 680 Part A, 3) with a Part B, 4) with a Part C, 5) with a DH Form 681, 6) with a 30-Day exemption, and 7) who are out of compliance with section 1003.22. Be sure the sum total from all categories equals the total number of students enrolled.

*The school nurse or authorized school official is responsible for follow up of these students, ensuring a DH Form 680 or 681 is provided to the school prior to the exemption expiring.

Rev 08/20
<table>
<thead>
<tr>
<th>Field Staff Representatives, Bureau of Epidemiology, Immunization Section</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Robert Colon, North Regional Field Staff Manager</strong></td>
</tr>
<tr>
<td>(407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
</tr>
<tr>
<td><strong>Jaqueline Senior, South Regional Field Staff Manager</strong></td>
</tr>
<tr>
<td>(954) 884-3853 ◆ FAX: (954) 467-4864 ◆ Cell: (850) 528-4818</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
<th>Area 5</th>
<th>Area 6</th>
<th>Area 7</th>
<th>Area 8</th>
<th>Area 9</th>
<th>Area 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELEN MORES</td>
<td>BETH BOATWRIGHT</td>
<td>MICHAEL VALLEY</td>
<td>NITA ZAHRT</td>
<td>THERESA MATTHEW ELLIS</td>
<td>MOHAMMED SARDAR, MBA</td>
<td>TRACY-ANN VALLE</td>
<td>SHARON BELOFF</td>
<td>SYDDONIE VASSELL</td>
<td>ZHYRMA MONZON-CAANES</td>
</tr>
<tr>
<td>Immunization Consultant</td>
<td>Immunization Consultant</td>
<td>Immunization Consultant</td>
<td>Immunization Consultant</td>
<td>Immunization Consultant</td>
<td>Immunization Consultant</td>
<td>Immunization Consultant</td>
<td>Registered Nurse Consultant</td>
<td>Registered Nurse Consultant</td>
<td>Registered Nurse Consultant</td>
</tr>
<tr>
<td>Immuno, Area 1 Field Staff</td>
<td>2965 Municipal Way Tallahassee, FL 32304</td>
<td>900 University Blvd. N., Room 104 Jacksonville, FL 32211</td>
<td>Volusia County Health Department Immunization Section</td>
<td>8751 Ulmerton Road, Room #107 Largo, FL 33771</td>
<td>3853 Levy St. Petersburg, FL 33705</td>
<td>Florida Department of Health Immunization Section, 8515 North Mitchell Ave Tampa, FL 33602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FDOH in Escambia County Pensacola, FL 32502</td>
<td>Leon County Health Department Immunization Section</td>
<td>P.O. Box 9190 Ft. Myers, FL 33901</td>
<td>Daytona Beach, FL 32198</td>
<td>Paul Hughes Health Center 205 NW 6th Avenue, Room 279C Pompano Beach, FL 33060</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(850) 484-5084 Ext. 1 Cell (850) 528-5135 Fax (850) 484-5157</td>
<td>(850) 514-5630 Cell (850) 766-1263 Fax (850) 412-5814</td>
<td>(904) 253-2513 Cell (850) 528-5143 Fax (904) 253-2471</td>
<td>(386) 274-0638 Cell (850) 528-5140 Fax (386) 274-0637</td>
<td>(954) 884-2848 Cell (850) 528-5141 Fax (954) 786-4851</td>
<td>(954) 884-3848 Cell (850) 528-5141 Fax (954) 786-4851</td>
<td>(813) 559-4633 Cell (850) 728-3853 Fax (850) 412-5817</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Colon, North Regional Field Staff Manager (407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
<td>Robert Colon, North Regional Field Staff Manager (407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
<td>Robert Colon, North Regional Field Staff Manager (407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
<td>Robert Colon, North Regional Field Staff Manager (407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
<td>Robert Colon, North Regional Field Staff Manager (407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
<td>Robert Colon, North Regional Field Staff Manager (407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
<td>Robert Colon, North Regional Field Staff Manager (407) 723-5176 ◆ FAX: (407) 254-1014 ◆ Cell: (850) 528-5144</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Updated 08/24/2020
QI Team Miami-Dade

Miami-Dade County Health Department
Immunization Services
2515 W. Flagler Street, 2nd Floor
Miami, FL 33135
Fax (786) 845-0598

Juan Jose Estrada, Government Operations Consultant II
(305) 470-6836
Cell (786) 350-8872

Rosalind C. Blake, Health Services Representative
(305) 499-2060

Rosalba Munoz, Health Services Representative
(305) 499-2062

Flor Acuna, Health Services Representative
(305) 470-5636

Updated 08/24/2020