



**Nevada Department of  
Health and Human Services**

**DIVISION OF PUBLIC AND  
BEHAVIORAL HEALTH**



# **Nevada Department of Public and Behavioral Health 2019-2020 Annual Private School Immunization Reporting Instruction Packet**



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## I. Introduction

This instruction packet has been developed to help you with completing the immunization reporting survey. If assistance is needed in the completion of the survey, the School and Child Care Immunization Coordinator is available at (775) 684-5957 on Monday through Friday from 9am-1pm.

## II. Grades Reported

For all questions, include all current students enrolled in kindergarten, seventh and twelfth grade only.

- Per Nevada Revised Statute (NRS) 394.192, each private school is required to report to the Division of Public and Behavioral Health the exact number of students who have completed the immunizations required for enrollment by December 31<sup>st</sup> of each year.
- Do **not** include information on pre-school or pre-K students in the responses.
- Children who are students of distant learning programs (such as online schools) that participate in any activities on a school campus, such as sports, should be included in your school's total count.
- Please review and validate the online information prior to submitting your school's immunization information.
- Please fill out all required sections. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.
- **If your school's information is incorrect, you will be contacted by the Nevada State Immunization Program.**
- **If you do not submit your immunization information by December 31<sup>st</sup>, you will be contacted by the Nevada State Immunization Program.**

## III. Exclusion from Reporting

- Children who are entirely home-schooled and **do not** participate in any activities on a school campus do not need to be included in the school immunization reporting.

## IV. Access to Vaccines For Children Website

To access the annual immunization reporting survey online:

- Go to <https://www.vfcnevada.org/for-schools/ratereporting/>
- Click on the appropriate link.
- Reports must be entered online December 1<sup>st</sup> through December 31<sup>st</sup>, of the reporting year.
- See the following instructions for school immunization reporting submission.

## V. Getting Started

- Collect student immunization records for all kindergarten, 7<sup>th</sup> grade and 12<sup>th</sup> grade students.
- **Each school will submit the total counts rather than immunization percentages.**
- School's with multiple campuses must submit each school separately. For example, Sunshine School will submit immunization information separately for the Happy, Smile and the Bright Campus.
- Go to <https://www.vfcnevada.org/for-schools/ratereporting/>



## Submit Your Child Care or School's Rates

NRS 392.435, NRS 394.192, NRS 432A.235, and NRS 432A.230 require that before December 31 of each year, each public school, private school, and child care facility shall report the exact number of pupils who have completed the immunizations required for enrollment. Immunize Nevada is collecting this information on behalf of the Nevada State Division of Public and Behavioral Health. Submitting your child care or school's information through this webform fulfills this statutory requirement. Please complete the following information for your school or child care facility:

- Click on the school link.

Would you like to submit rates for a school or child care?



SCHOOL

CHILD CARE

ACCOMMODATIONS

- You will be re-directed to a separate page.
- Fill out all required sections. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.

## VI. General Information

- Enter in all general information.

### Nevada School Immunization Rate Reporting Survey

Resize font:  
⊕ | ⊞

Please complete the survey below.

Thank you!

<b>First name</b> * must provide value	<input type="text"/>
<b>Last name</b> * must provide value	<input type="text"/>
<b>Job title</b> * must provide value	<input type="text"/> ▾
<b>Phone number</b> * must provide value	<input type="text"/> <small>Please enter phone number without parentheses or dashes.</small>
<b>Email address</b> * must provide value	<input type="text"/>
<b>Is your school public, private or charter?</b> * must provide value	<input type="radio"/> public <input type="radio"/> private <input type="radio"/> charter <a href="#">reset</a>
<b>School name</b> * must provide value	<input type="text"/> ▾ <small>If your school is not listed, please select other and enter your school name.</small>
<b>School's physical address</b> * must provide value	<input type="text"/>
<b>City</b> * must provide value	<input type="text"/> ▾
<b>Zip code</b> * must provide value	<input type="text"/>
<b>County</b> * must provide value	<input type="text"/> ▾

## VII. Collecting Data

- Please collect immunization records for students enrolled in your school to complete the survey. (SEE APPENDIX B)
- Use the private school tally sheets (kindergarten, 7<sup>th</sup> grade, and/or 12<sup>th</sup> grade) to help in evaluating the immunization status of your school. (SEE APPENDIX E, F & G)
- Do **not** submit tally sheets to the Nevada State Immunization Program.

## VIII. Kindergarten Grade

- Answer the question, “Do you have students enrolled in kindergarten?”
- If you have students enrolled in kindergarten, click the “Yes”, button.
- If you do **not** have students enrolled in kindergarten, click the “No”, button.
- Click the Next Page button.
- If you clicked “Yes”, you will be directed to answer kindergarten questions.
- If you clicked “No”, you will be directed to the 7<sup>th</sup> grade section.

## IX. Students Enrolled in Kindergarten

- Please answer questions for only the following vaccines: DTaP, Hep A, MMR, Hep B, Polio, and Varicella.
- **Question (1)**
  - Total enrollment: the total number of kindergarten students in your school.
- **Question (2)**
  - Total number up-to-date (UTD): the student has all school required immunizations.
- **Question (2a, 2b, 2c, 2d, 2e, 2f)**
  - Up-to-date by vaccine: count the number of students who are up-to-date for each of the vaccines listed on the survey.
- **Question (3)**
  - Total number medically exempt: the parent/guardian has provided a certificate signed by a licensed physician (M.D. or D.O) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- **Question (3a, 3b, 3c, 3d, 3e,3f)**
  - Medical exemptions by vaccine: count the number of students who have medical exemptions for each of the vaccines listed on the survey.
- **Question (4)**
  - Total number religiously exempt: a certificate was provided by the parent/guardian who prohibits the immunization of the student due to religious beliefs.

- **Question (4a, 4b, 4c, 4d, 4e, 4f)**
  - Religious exemptions by vaccine: count the number of students who have religious exemptions for each of the vaccines listed on the survey.
- **Question (5)**
  - Total number exempt to all required vaccines: the student has a medical or religious exemption from all required vaccines. Count the number of students who are exempt from all required vaccines for kindergarten entry.
- **Question (6)**
  - Total number with documented varicella disease: count the number of students who have had the varicella disease.
- **Question (7)**
  - Total number conditionally enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.
- **Question (8)**
  - Total number non-compliant: the student does not have required immunizations, a religious or medical exemption, and is not conditionally enrolled. Count the number of students who are non-compliant.
- **Question (9)**
  - Total number Children in Transition (CIT) students not UTD: count the number of students who are CIT and are not up-to-date on required vaccines.
  - CIT: the student lacks a fixed, regular, and adequate nighttime residence. For example, a child sharing the housing of others due to loss of housing, economic hardship, living in transitional shelters; as well as, living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.

## X. Seventh Grade

- Answer the question, “Do you have students enrolled in 7<sup>th</sup> grade?”
- If you have students enrolled in 7<sup>th</sup> grade, click the “Yes”, button.
- If you do **not** have students enrolled in 7<sup>th</sup> grade, click the “No”, button.
- Click the Next Page button.
- If you clicked “Yes”, you will be directed to answer 7<sup>th</sup> grade questions.
- If you clicked “No”, you will be directed to the 12<sup>th</sup> grade section.

## XI. Twelfth Grade

- Answer the question, “Do you have students enrolled in 12<sup>th</sup> grade?”
- If you have students enrolled in 12<sup>th</sup> grade, click the “Yes”, button.
- If you do **not** have students enrolled in 12<sup>th</sup> grade, click the “No”, button.
- Click the Next Page button.
- If you clicked “Yes”, you will be directed to answer 12<sup>th</sup> grade questions.

- If you clicked “No”, you will be directed to the “Submit” button to submit your school’s information.

## **XII. Students Enrolled in Seventh and/or Twelfth Grade (Private Schools)**

- Please answer questions for only the following vaccines: Meningococcal, Tdap, MMR, Hep A and Varicella.
- **Question (1)**
  - Total enrollment: the total number of 7<sup>th</sup> and/or 12<sup>th</sup> grade students in your school.
- **Question (2)**
  - Total number up-to-date (UTD): the student has all school required immunizations.
- **Question (2a, 2b, 2c, 2d, 2e)**
  - Up-to-date by vaccine: count the number of students who are up-to-date for each of the vaccines listed on the survey.
- **Question (3)**
  - Total number medically exempt: the parent/guardian has provided a certificate signed by a licensed physician (M.D. or D.O) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- **Question (3a, 3b, 3c, 3d, 3e)**
  - Medical exemptions by vaccine: count the number of students who have medical exemptions for each of the vaccines listed on the survey.
- **Question (4)**
  - Total number religiously exempt: a certificate was provided by the parent/guardian who prohibits the immunization of the student due to religious beliefs.
- **Question (4a, 4b, 4c, 4d, 4e)**
  - Religious exemptions by vaccine: count the number of students who have religious exemptions for each of the vaccines listed on the survey.
- **Question (5)**
  - Total number conditionally enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.



➤ **Question (6)**

- Total number Children in Transition (CIT) students not UTD: count the number of students who are CIT and are not up-to-date on required vaccines.
- CIT: the student lacks a fixed, regular, and adequate nighttime residence. For example, a child sharing the housing of others due to loss of housing, economic hardship, living in transitional shelters; as well as, living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.

## APPENDIX A: VACCINE ABBREVIATIONS

DTaP	Diphtheria, Tetanus and Acellular Pertussis
Hep A/HAV	Hepatitis A
Hep B/HBV	Hepatitis B
IPV	Inactivated Polio
MenACWY/MCV4	Meningococcal
MMR	Measles, Mumps and Rubella
MMRV	Measles, Mumps, Rubella and Varicella (Chickenpox)
Tdap	Tetanus, Diphtheria and Acellular Pertussis
VAR/CPOX	Varicella (Chickenpox)

## APPENDIX B: SAMPLE IMMUNIZATION RECORD

<b>DTaP/Td/Tdap</b>			
1	DTaP	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP	12/28/2012	1Y 3M 2D
5	DTaP-IPV	10/2/2015	4Y 0M 6D
<b>Polio</b>			
1	IPV	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP-IPV	10/2/2015	4Y 0M 6D
<b>MMR/Measles</b>			
1	MMR	9/28/2012	1Y 0M 2D
2	MMR	10/2/2015	4Y 0M 6D
<b>Hib</b>			
1	Hib	12/1/2011	0Y 2M 5D
2	Hib	2/3/2012	0Y 4M 8D
3	Hib	12/28/2012	1Y 3M 2D
<b>HEPB</b>			
1	Hep B, ped/adol	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
<b>HEPA</b>			
1	Hep A, ped/adol	9/28/2012	1Y 0M 2D
2	Hep A, ped/adol	3/29/2013	1Y 6M 3D
<b>Pneumococcal</b>			
1	PCV-13 (Prevnar 13)	12/1/2011	0Y 2M 5D
2	PCV-13 (Prevnar 13)	2/3/2012	0Y 4M 8D
3	PCV-13 (Prevnar 13)	3/29/2012	0Y 6M 3D
4	PCV-13 (Prevnar 13)	12/28/2012	1Y 3M 2D
<b>ROTA</b>			
1	Rotavirus (Rotarix)	12/2/2011	0Y 2M 5D
2	Rotavirus (Rotarix)	2/3/2012	0Y 4M 8D
<b>Varicella (CPOX)</b>			
1	CPOX (Varicella)	9/28/2012	1Y 0M 2D
2	CPOX (Varicella)	10/2/2015	4Y 0M 6D

## APPENDIX C: KINDERGARTEN GRADE QUESTIONS

### Kindergarten

(1) Total # of students enrolled in kindergarten  
\* must provide value

(2) Total # of students UTD on all required vaccines  
\* must provide value

Up-to-date (UTD): students have received all required school immunizations by the first day of school.

(2a) Total # of students UTD for DTaP  
\* must provide value

DTaP: Diphtheria, tetanus and acellular pertussis

(2b) Total # of students UTD for IPV  
\* must provide value

IPV: Polio

(2c) Total # of students UTD for Hep B  
\* must provide value

Hep B: Hepatitis B

(2d) Total # of students UTD for Hep A  
\* must provide value

Hep A: Hepatitis A

(2e) Total # of students UTD for MMR  
\* must provide value

MMR: Measles, mumps, and rubella

(2f) Total # of students UTD for Varicella  
\* must provide value

Varicella: Chickenpox

(3) Total # of students medically exempt from any required vaccines * must provide value	<input type="text"/>
(3a) Total # of students medically exempt from DTaP * must provide value	<input type="text"/> DTaP: Diphtheria, tetanus and acellular pertussis
(3b) Total # of students medically exempt from IPV * must provide value	<input type="text"/> IPV: Polio
(3c) Total # of students medically exempt from Hep B * must provide value	<input type="text"/> Hep B: Hepatitis B
(3d) Total # of students medically exempt from Hep A * must provide value	<input type="text"/> Hep A: Hepatitis A
(3e) Total # of students medically exempt from MMR * must provide value	<input type="text"/> MMR: Measles, mumps and rubella
(3f) Total # of students medically exempt from Varicella * must provide value	<input type="text"/> Varicella: Chickenpox

(3) Total # of students medically exempt from any required vaccines * must provide value	<input type="text"/>
(3a) Total # of students medically exempt from DTaP * must provide value	<input type="text"/> DTaP: Diphtheria, tetanus and acellular pertussis
(3b) Total # of students medically exempt from IPV * must provide value	<input type="text"/> IPV: Polio
(3c) Total # of students medically exempt from Hep B * must provide value	<input type="text"/> Hep B: Hepatitis B
(3d) Total # of students medically exempt from Hep A * must provide value	<input type="text"/> Hep A: Hepatitis A
(3e) Total # of students medically exempt from MMR * must provide value	<input type="text"/> MMR: Measles, mumps and rubella
(3f) Total # of students medically exempt from Varicella * must provide value	<input type="text"/> Varicella: Chickenpox

(4) Total # of students religiously exempt from any required vaccines * must provide value	<input type="text"/>
(4a) Total # of students religiously exempt from DTaP * must provide value	<input type="text"/> DTaP: Diphtheria, tetanus and acellular pertussis
(4b) Total # of students religiously exempt from IPV * must provide value	<input type="text"/> IPV: Polio
(4c) Total # of students religiously exempt from Hep B * must provide value	<input type="text"/> Hep B: Hepatitis B
(4d) Total # of students religiously exempt from Hep A * must provide value	<input type="text"/> Hep A: Hepatitis A
(4e) Total # of students religiously exempt from MMR * must provide value	<input type="text"/> MMR: Measles, mumps and rubella
(4f) Total # of students religiously exempt from Varicella * must provide value	<input type="text"/> Varicella: Chickenpox

(5) Total # of students exempt from all required vaccines * must provide value	<input type="text"/>
(6) Total # of students with documented Varicella disease * must provide value	<input type="text"/>
(7) Total # of students conditionally enrolled * must provide value	<input type="text"/> Conditionally Enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.
(8) Total # of students non-compliant * must provide value	<input type="text"/> Non-compliant: the student does not have required immunizations, does not have a signed medical or religious exemption form, and is not considered conditional.
(9) Total # of Children in Transition (CIT) not UTD * must provide value	<input type="text"/> Children in Transition (CIT): a student who lacks a fixed, regular, and adequate nighttime residence. For example, a child sharing the housing of others due to loss of housing, economic hardship, living in transitional shelters, as well as, living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.

## APPENDIX D: SEVENTH AND TWELFTH GRADE QUESTIONS

### Seventh Grade

(1) Total # of students enrolled in 7th grade  
\* must provide value

(2) Total # of students UTD on all required vaccines  
\* must provide value

Up-to-date (UTD): students have received all required school immunizations by the first day of school.

(2a) Total # of students UTD for Meningococcal  
\* must provide value

(2b) Total # of students UTD for Varicella  
\* must provide value

Varicella: Chickenpox

(2c) Total # of students UTD for Tdap  
\* must provide value

Tdap: Tetanus, diphtheria, and acellular pertussis

(2d) Total # of students UTD for MMR  
\* must provide value

MMR: Measles, mumps, and rubella

(2e) Total # of students UTD for Hep A  
\* must provide value

Hep A: Hepatitis A

(3) Total # of students medically exempt from any required vaccines * must provide value	<input type="text"/>
(3a) Total # of students medically exempt from Meningococcal * must provide value	<input type="text"/>
(3b) Total # of students medically exempt from Varicella * must provide value	<input type="text"/> <small>Varicella: Chickenpox</small>
(3c) Total # of students medically exempt from Tdap * must provide value	<input type="text"/> <small>Tdap: Tetanus, diphtheria and acellular pertussis</small>
(3d) Total # of students medically exempt from MMR * must provide value	<input type="text"/> <small>MMR: Measles, mumps and rubella</small>
(3e) Total # of students medically exempt from Hep A * must provide value	<input type="text"/> <small>Hep A: Hepatitis A</small>

(4) Total # of students religiously exempt from any required vaccines * must provide value	<input type="text"/>
(4a) Total # of students religiously exempt from Meningococcal * must provide value	<input type="text"/>
(4b) Total # of students religiously exempt from Varicella * must provide value	<input type="text"/> <small>Varicella: Chickenpox</small>
(4c) Total # of students religiously exempt from Tdap * must provide value	<input type="text"/> <small>Tdap: Tetanus, diphtheria and acellular pertussis</small>
(4d) Total # of students religiously exempt from MMR * must provide value	<input type="text"/> <small>MMR: Measles, mumps and rubella</small>
(4e) Total # of students religiously exempt from Hep A * must provide value	<input type="text"/> <small>Hep A: Hepatitis A</small>
(5) Total # of students conditionally enrolled * must provide value	<input type="text"/> <small>Conditionally Enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.</small>
(6) Total # of Children in Transition (CIT) not UTD * must provide value	<input type="text"/> <small>Children in Transition (CIT): a student who lacks a fixed, regular, and adequate nighttime residence. For example, a child sharing the housing of others due to loss of housing, economic hardship, living in transitional shelters, as well as, living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations.</small>



## APPENDIX E: KINDERGARTEN GRADE TALLY SHEET

Date:

Note: The Nevada State Immunization Program developed this tool to assist in evaluating the immunization status of your school and completing the Nevada school immunization reporting survey.

**Do not submit to NSIP.**

Child	Grade	Up-to-Date								Medical Exemption							Religious Exemption						Exempt to all	VAR Disease	Conditional	Non-Compliant	CIT not UTD															
		UTD to All	DTaP	IPV	Hep B	Hep A	MMR	VAR	MedEx	DTaP	IPV	Hep B	Hep A	MMR	VAR	RelEx	DTaP	IPV	Hep B	Hep A	MMR	VAR																				
A																																										
B																																										
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O																																										

## APPENDIX F: SEVENTH GRADE TALLY SHEET

Date:

Note: The Nevada State Immunization Program (NSIP) developed this tool to assist in evaluating the immunization status of your school and completing the Nevada school immunization reporting survey.

Do **not** submit to NSIP.

Child	Grade	Up-to-Date						Medical Exemption						Religious Exemption						Conditional	CIT not UTD	
		UTD to All	Mening	VAR	Tdap	MMR	Hep A	MedEx	Mening	VAR	Tdap	MMR	Hep A	RelEx	Mening	VAR	Tdap	MMR	Hep A			
A																						
B																						
C																						
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J																						
K																						
L																						
M																						
N																						
O																						

# APPENDIX G: TWELFTH GRADE TALLY SHEET

Date:

Note: The Nevada State Immunization Program (NSIP) developed this tool to assist in evaluating the immunization status of your school and completing the Nevada school immunization reporting survey.

Do **not** submit to NSIP.

Child	Grade	Up-to-Date						Medical Exemption						Religious Exemption						Conditional	CIT not UTD	
		UTD to All	Mening	VAR	Tdap	MMR	Hep A	MedEx	Mening	VAR	Tdap	MMR	Hep A	RelEx	Mening	VAR	Tdap	MMR	Hep A			
A																						
B																						
C																						
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