



Montana Department of Public Health & Human Services Annual Immunization Report of Pupils Attending Montana Public and Private Schools, Grades Pre-Kindergarten -12th

Correction Form

Purpose of Form: Only use this form to make any corrections to your students' numbers if a mistake was discovered after you submitted the original report. Since you have already submitted you **will not** be able to go back and make changes; the Immunization Program will have to make the changes for you. Only fill in the corrected information, not the full report. Submit the corrected worksheet to the Immunization Program at 406-444-2920.

Name of School

Submitted By

County

Title

Address

Phone Number

Public School Private School

Email of person submitting report

Has the person filling out the school immunization reporting form ever received training by the Health Department or taken the online training offered on the Montana Immunization Website? (Check box if "Yes")

Is the person filling out the school immunization report an LPN or RN? (Check box if "yes")

| Grade | Number of Pupils Enrolled | Number of Pupils with NO Immunization Record* | Number of Pupils with Conditional Attendance | Number of Pupils with Medical Exemption | Number of Pupils with Religious Exemption | Number of Pre-K pupils with 1 dose of Hib** | Number of Pupils with 2 doses Varicella / 1 dose for Pre-K/ or history of varicella disease | Number of Pupils with 2 doses MMR/ 1 dose for Pre-K | Number of Pupils with ≥3 doses IPV/OPV | Number of Pupils with ≥4 doses of DTP/DTaP | Number of pupils with Tdap |
|-------|---------------------------|---|--|---|---|---|---|---|--|--|----------------------------|
| Pre-K | | | | | | | | | | | |
| K | | | | | | | | | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |

*If a student has a religious, medical or conditional exemption, that student is classified as having an immunization record.

** If a student in in pre-kindergarten hasn't received any doses of Hib vaccine and they are older than 59 months they are too old to receive Hib vaccine.

