

**Date of report:**

1/1/2026

**Name of school or program:**

Sample School

**Type of program:**

- ☒ Public/charter school
- ☐ Private school
- ☐ Preschool/daycare
- ☐ Head Start

**Mailing address:**

800 NE Oregon St

Portland OR, 97232

**Physical address:**

800 NE Oregon St

Portland OR, 97232

**Phone number:**

971-222-3333

**School district:**

Portland Public Schools

**Administrator's name:**

First Last

**Administrator's email:**

First.last@gmail.com

**Name of person completing report:**

First Last

**Email of person completing report:**

First.last@gmail.com

**Preferred language of person completing report:**

- ☒ English
- ☐ Spanish
- ☐ Other: \_\_\_\_\_

**Grades or ages served:**

prek-8

**Computer system for tracking immunizations:**

none

**Complete this section for all children in your school or program**

Total enrollment:	Children not counted*:	Adjusted enrollment:
80	0	80

\*Children not counted are those who attend both a school and a children's facility **or** more than one school or facility.

Each child in the adjusted enrollment box above should be in only **one** category below:

**Number complete or up-to-date:**

70

**Number nonmedical exemptions:**

5

For the box above, include children with nonmedical exemptions for some or all vaccines. Children who have a nonmedical exemption for some vaccines and are incomplete for others should be counted in the incomplete section.

**Number permanent medical exemptions:**

0

**Number temporary medical exemptions:**

0

**Number incomplete/insufficient:**

4

For the box above, include children with nonmedical exemptions for some vaccines and are incomplete for others. Include children who are incomplete or insufficient for required vaccines.

**Number no record:**

1

**Please note:**

- Send unreviewed medical exemptions to the health department. Do not send nonmedical exemptions unless requested by the health department.
- Send copies of the records of children in the last three boxes above (marked with dashed borders) to the health department and list these children on page 2.
- If there are no children in the last three boxes above (marked with dashed borders), complete Sections E-H. Send all your forms in at one time.



# Immunization Report: Sections B, C, D

For Incomplete, No Record, and Temporary Medical Exemptions

Section B is due to the local health department by **January 14, 2026**. Section D is due by **March 9, 2026**.

Name of school or program: Sample School

Date of report: 1/1/2026

Name of person completing report: First Last

Phone: 971-222-3333

B. For School and Children's Facility Use		C. For Health Department Use			D. For School and Children's Facility Use	
• List children alphabetically by category • Attach copies of Certificate of Immunization Status or medical exemption forms		Exclusion order mailed? Yes/No	Date	Vaccines	Date records updated	Excluded? Yes/No
Child's name (Last name, First name)	Grade and Birthdate	Parent's name and current mailing address				
Garden, Oliver Check if no record: <input type="checkbox"/>	Prek 6/2/21	Oliva Garden 555 SE Parm St, Portland OR 97202				
Grey, Earl Check if no record: <input type="checkbox"/>	7th 3/3/11	Chamomile Tea 800 NE Oregon St, Portland OR 97232				
Red, Ruby Check if no record: <input type="checkbox"/>	prek 2/28/21	Gem Red 765 NW Mine St, Portland OR 97204				
Greene, Forest Check if no record: <input checked="" type="checkbox"/>	K 3/2/20	Leafy Greene 1234 SE Abc St, Portland OR 97202				
Dune, Sandy Check if no record: <input type="checkbox"/>	5th 2/5/15	Dusty Dune 808 NE St, Portland OR 97232				
Check if no record: <input type="checkbox"/>						
Check if no record: <input type="checkbox"/>						

Make copies if you need additional pages.

# Immunization Report: Section E

## Preschool, Child Care, and Head Start

Due to the local health department by **March 9, 2026**.

Send this form in early if all of your children are complete for vaccines or have exemptions on file.

**Name of school or program:** Sample School

**Date of report:** 3/1/2026

**Name of person completing report:** First Last

**Phone:** 971-222-3333

**Email:** First.last@gmail.com

1. How many children younger than kindergarten were excluded on Exclusion Day? 0
2. What is your total enrollment?  
Number of children enrolled who are younger than kindergarten. Do not include anyone who enrolled after January 14, 2026. 10
3. How many children are not counted?  
Children not counted are counted by another school or child care. 0
4. How many children are 18 months or younger? 0
5. What is your adjusted enrollment?  
Total enrollment, minus the children not counted, and minus the children who are 18 months or younger (Question 2 minus Question 3 minus Question 4). 10

**Fill in the questions and table below for the children in your adjusted enrollment:**

6. How many children have no record? 0
7. How many children have a medical exemption? 0
8. How many children have a nonmedical exemption? 1
9. How many nonmedical exemptions are from the online module? 1
10. How many nonmedical exemptions are from a health care practitioner? 0

Number of children with vaccines		Number of children with nonmedical exemptions	
DTaP (4 or more doses)	10	DTaP nonmedical exemptions	0
Polio (3 or more doses)	10	Polio nonmedical exemptions	0
Varicella (1 or more dose)	9	Varicella nonmedical exemptions	1
MMR (1 or more dose)	9	MMR nonmedical exemptions	1
Hepatitis B (3 or more doses)	10	Hepatitis B nonmedical exemptions	0
Hepatitis A (1 or more dose)	10	Hepatitis A nonmedical exemptions	0
Hib (Complete for Hib, or the child is 5 years old or older)	10	Hib nonmedical exemptions	0
All (Child has all the above doses)	9	All (Child has a nonmedical exemption for all vaccines)	0

# Immunization Report: Sections F, G, H

Kindergarten, 7th Grade, and K-12

Due to the local health department by **March 9, 2026**.

Send this form in early if all of your students are complete for vaccines or have exemptions on file.

Name of school or program: Sample School Date of report: 3/1/2026

Name of person completing report: First Last Grades: prek-8

Phone: 971-222-3333 Email: first.last@gmail.com

How many students in grades K-12 were excluded on Exclusion Day? 0

Fill out this page using the current immunization status of students.  
Do not include students enrolled after January 14, 2026.

	Section F: Kindergarten	Section G: 7th Grade	Section H: Grades K-12 (including students in Sections F & G)
Total enrollment	5	10	70
Students not counted	0	0	0
Adjusted enrollment (Total enrollment minus students not counted)	5	10	70
No record	0	0	0
Medical exemptions	0	0	0
Nonmedical exemptions	1	2	4
Nonmedical exemptions from the online module	1	2	4
Nonmedical exemptions from a health care practitioner	0	0	0

Fill in the number of students in your adjusted enrollment who have  
vaccines and exemptions for each grade.

	Kindergarten		7th Grade		Full School K-12	
	Number with vaccines	Number with nonmedical exemptions	Number with vaccines	Number with nonmedical exemptions	Number with vaccines	Number with nonmedical exemptions
<b>DTaP:</b> <i>Grades K-6: 5 doses, or 4 if the last dose is given at 4 years old or older; or Tdap: Grades 7-12: 1 dose</i>	4	1	8	2	66	4
<b>Polio:</b> <i>4 doses, or 3 if the last dose is given at 4 years old or older</i>	4	1	10	0	68	2
<b>Varicella:</b> <i>1 or more dose</i>	4	1	10	0	68	2
<b>MMR1:</b> <i>1 or more dose</i>	4	1	10	0	67	3
<b>MMR2:</b> <i>2 doses of MMR or measles</i>	4	1	10	0	67	3
<b>Hepatitis B:</b> <i>3 doses</i>	4	1	10	0	68	2
<b>Hepatitis A:</b> <i>2 doses</i>	4	1	10	0	68	2
<b>All:</b> <i>Student has all vaccines or all nonmedical exemptions</i>	4	1	8	0	65	2