




INTEROFFICE MEMORANDUM

DATE: August 27, 2012

TO: County Health Department Directors/Administrators

FROM: Dennis V. Cookro, MD, MPH 
Deputy Secretary for Health

SUBJECT: Compulsory School Immunizations
Annual Report and Survey – 2012-2013 School Year

ACTION

REQUIRED: Review and comply with standards **DUE DATE:** October 31, 2012

Each October, all public and private schools submit reports in compliance with the compulsory school immunization law, indicating the status of their kindergarten and seventh grade students, pursuant to the requirements of Section 1003.22, *Florida Statutes*, and Section 64D-3.046, *Florida Administrative Code*.

Public schools electronically submit compulsory immunization data to the Department of Education (DOE) each October. The DOE then submits an *Annual Report of Compliance Compulsory Immunization, District Report (Survey 2)*, for both kindergarten and seventh grade to the Florida Department of Health (DOH) Immunization Program (IP) by December 1, 2012.

Private schools 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, 2012, for both kindergarten and seventh grade. Each CHD then submits a *Kindergarten and Seventh Grade Annual Report of Compliance County Summary Compulsory Immunization-Florida Statutes 1003.22* (DH Form 685) by October 31, 2012.

Proper categorization of each student's immunization status is essential to ensure an accurate reflection of Florida's school coverage rates. The *Kindergarten and Seventh Grade Validation Survey* for 2011-2012 reveals that 63.6% of the identified documentation errors were due to inappropriate issuing of a temporary medical exemption (TME). Students who have a documented TME, but have met school entry requirements, should be identified as fully immunized.

- Public school students who are fully immunized should be included in the "Total Certificates of Immunization" category for Survey 2;
- Private school students who are fully immunized should be included in the "Fully Immunized" category on the DH Form 685; and
- Public and private school students with a 30-day exemption, but who have been enrolled for more than 30 days, should be reported in the "Out of Compliance" category.

Compulsory School Immunizations

CHD/Private School-specific:

- Each CHD will visit the DOE website at <http://www.floridaschoolchoice.org/information/PrivateSchoolDirectory/> for a list of private schools in their district (county). Identify all schools with a kindergarten and/or seventh grade. Combine this list with the active list of private schools from the previous year's compulsory report.
- CHDs will contact these schools, distributing a DH Form 684 and the instruction sheet.
- CHDs will ensure these private schools submit a completed DH Form 684 for both kindergarten and seventh grade to the local CHD by October 1, 2012. CHDs are responsible for tracking these private schools for form submission.
- CHDs will 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*.
- CHDs will compile the data from all DH Form 684s onto a *Kindergarten and Seventh Grade Annual Report of Compliance County Summary (DH Form 685)*. CHDs with no private schools must also complete a DH Form 685.
- CHDs will submit the completed DH Form 685 to Amy_Wilson@doh.state.fl.us, or fax to (850) 412-5815 by October 31, 2012.

Immunization Program field staff will conduct the *Kindergarten and Seventh Grade Validation Survey 2012 - 2013* during the fall and winter months. All public and private schools randomly selected to participate in the survey will be notified well in advance.

For questions concerning this survey, please contact your IP field staff consultant (see Enclosure) or the IP survey and assessment consultant, Ms. Amy Wilson, at (850) 245-4444, extension 2395.

JHA/cha/aw
Enclosures

cc: Jennifer Bencie, M.D., M.S.A., Interim Director
Division of Disease Control and Health Protection
Fabienne Ouapou-Lena, M.D., M.P.H., Chief
Division of Community Health Promotion
Charles H. Alexander, Administrator
Immunization Program, Bureau of Communicable Diseases
Monica Verra-Tirado, Ed.D.
Department of Education
Rhonda Forbes
Department of Education
County Health Department Nursing Directors
Immunization Program Field Staff

INSTRUCTIONS FOR COMPLETING DH FORM 684

As required under *Section 1003.22, Florida Statutes*, private schools with a kindergarten and/or seventh grade will submit a completed *Immunization Annual Report of Compliance for Kindergarten and Seventh Grade* (DH Form 684) to the local county health department (CHD) each year by October 1. Schools must retain a copy for record-keeping and auditing purposes.

A. Private School Information: Complete all identifying information.

B. Student Information: List only students not fully immunized, indicating grade, exemption type, and if out of compliance. See below for guidance.

- Temporary Medical Exemption**: For children presenting a valid *DH Form 680 Part B*, signed by a licensed physician or authorized designee. The expiration date provided must be current (not expired) while on file at the school.
- Permanent Medical Exemption: For children presenting a valid *DH Form 680 Part C*, signed by a licensed physician. This category includes children not fully immunized, but for medical reasons cannot receive one or more vaccines. The physician must state, in writing, the medical reasons based upon valid clinical reasoning or evidence, demonstrating the need for a permanent exemption.
- Religious Exemption: For children whose parent or legal guardian requests an exemption from immunization due to the family's religious tenets or practices. This type of exemption (*DH Form 681*) is issued by a CHD only.
- 30-Day (Transfer) Exemption**: For children (a) transferring interstate; (b) transferring intrastate; (c) who are homeless; (d) in the juvenile justice system; or (e) are military children (see *Section 1000.36 Florida Statutes*).
- Out of Compliance**: For children not meeting immunization requirements set by law and lack proper documentation of an exemption. This category includes children with an expired Temporary Medical Exemption; children enrolled in a school more than 30 days without a valid DH Form 680 or DH Form 681; children with no immunization record and no 30-Day (Transfer) Exemption.

C. Summary Information: Enter the total number of students in each category, ensuring the totals per grade are equal to the number of students *Fully Immunized*.

Please address any questions regarding this form or the requirements of the law to the **local CHD**.

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



**IMMUNIZATION ANNUAL REPORT OF COMPLIANCE FOR KINDERGARTEN AND SEVENTH GRADE
COMPULSORY IMMUNIZATION - FLORIDA STATUTES 1003.22**

(A) Private School Information:

_____ **Date**

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

(B) Student Information: List students not fully immunized. Indicate type of exemption or out of compliance. Exemptions that expired before the date on this form are out of compliance.

Name (Last, First)	Grade	Medical Exemptions		Religious Exemption DH-681	30-Day Transfer Exemptions List Enrollment Date	Out of Compliance
		Temporary DH-680 (Part B) List Expiration Date	Permanent DH-680 (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"/>
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	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 in Grade	Fully Immunized Have DH Form 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 by October 1, 2012 to: County Health Department



**KINDERGARTEN AND SEVENTH GRADE ANNUAL REPORT OF COMPLIANCE COUNTY SUMMARY
 COMPULSORY IMMUNIZATION - FLORIDA STATUTES 1003.22**

County _____

Date _____

County Health Department data summary of private school manual reporting:

Grade	Total Number of:			Number of Students in Each Category:				
	Schools	Children Enrolled	Fully Immunized Have 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								

Send to: Immunization Program/Field Operations
 Bureau of Communicable Diseases
 4052 Bald Cypress Way, Bin A-11
 Tallahassee, Florida 32399-1719

Report Submitted by: _____
 Name

Due Date: October 31, 2012

IMMUNIZATION PROGRAM FIELD STAFF

NORTH		SOUTH	
Joan Spainhower, Regional Manager (850) 245-4444, Ext 2394 ♦ FAX: (850) 922-4195 ♦ Blackberry: (850) 528-4818		Leroy Dux, Regional Manager (850) 245-4444, Ext. 2389 ♦ FAX: (850) 922-4195 ♦ Blackberry: (850) 528-5145	
HELEN MORES Immunization Consultant (Area 1) Mailing Immunization Program Area 1 Field Office Bureau of Communicable Diseases Escambia County Health Department 1295 W. Fairfield Drive, Room 112 Pensacola, FL 32501 Physical & Overnight/Certified Mail Address Immunization Program Area 1 Field Office Bureau of Communicable Diseases Escambia County Health Dept.- Northside 8390 North Palafox Street, Room 112 Pensacola, FL 32534 (850) 484-5084 Cell (850) 528-5135 Fax (850) 484-5157 Immunization Analyst: Melissa Becker (850) 484-5081 Cell (850) 274-1888 Bay Escambia Gulf Holmes Jackson Okaloosa Santa Rosa Walton Washington	JOANN WESTAWAY Immunization Consultant (Area 2) Physical Leon County Health Department Florida Immunization Program 2965 Municipal Way Tallahassee, FL 32304 Mailing P.O. Box 2745 Tallahassee, FL 32316 (850) 606-8170 Cell (850) 528-5138 Fax (850) 412-5814 Immunization Analyst: Beth Boatwright (850) 606-8171 Cell (850) 766-1263 Calhoun Columbia Dixie Franklin Gadsden Gilchrist Hamilton Jefferson Lafayette Leon Liberty Madison Suwannee Taylor Wakulla	ANNE CORDON, M.P.H., C.H.E.S. Immunization Consultant (Area 7) Physical 1255 Brice Boulevard Bartow, FL 33830 Mailing Florida Immunization Program 1255 Brice Boulevard Bartow, FL 33830 (863) 519-7900, Ext 11226 Cell (850) 766-7066 Fax (863) 519-8307 Immunization Analyst: CaSandra McClain (863) 519-7900, Ext 11227 Cell (850) 766-9690 Hardee Highlands Okeechobee Osceola Polk	LORI A. WRIGHT Immunization Consultant (Area 8) Florida Immunization Program Hillsborough County Health Department Hargrett Building, Room 164 2002 E. 26 th Ave. Tampa, FL 33605 (813) 307-8015 Ext 2906 Cell (850) 528-5137 Fax (813) 276-2844 (new) Immunization Analyst: Nuelsi Font (813) 307-8015 Ext 2907 Cell (850) 933-1911 Fax (813) 307-8088 (new) Hillsborough Manatee
SUZANNAH PUIGDOMENECH Immunization Consultant (Area 3) Florida Immunization Program Field Staff Duval County Health Department, MC-95 900 University Blvd. N., Room 104 Jacksonville, FL 32211 (904) 253-2513 Cell (850) 528-5143 Fax (904) 253-2471 Immunization Analyst: Laurel Wainwright (904) 253-2512 Cell (850) 491-8437 Alachua Baker Bradford Clay Duval Nassau St. Johns Union	NITA ZAHRT Immunization Consultant (Area 4) Mailing Florida Immunization Program Volusia County Health Department P.O. Box 9190 Bin # 101 Daytona Beach, FL 32120-9190 Overnight/Certified Mail Address 1845 Holsonback Dr. Bin # 101 Daytona Beach, FL 32117-5114 (386) 274-0638 Cell (850) 528-5140 Fax (386) 274-0637 Immunization Analyst: Vacant (386) 274-0636 Cell (850) 661-1753 (not currently in use) Flagler Levy Marion Putnam Volusia	DAVID FEE, M.Ed., C.H.E.S. Immunization Consultant (Area 9) Florida Immunization Program Ft. Myers Field Office Regional Service Center 2295 Victoria Ave., Room 206, 2 nd Floor – East Wing Ft. Myers, FL 33901-3866 (239) 461-6115 Cell (850) 528-5136 Fax (239) 461-6104 Immunization Analyst: Matthew Ellis (239) 461-6116 Cell (850) 274-1885 Charlotte Collier DeSoto Lee Sarasota	COLETTE CHIACCHIERO Immunization Consultant (Area 10) Florida Immunization Program Field Office P.O. Box 1689 Lake Worth, FL 33460 Cell (850) 528-5142 Fax (850) 412-5806 Immunization Analyst: Bruce Clark Cell (850) 274-1887 Indian River Martin Palm Beach St. Lucie
ROBERT COLÓN-Immunization Consultant (Area 5) Department of Health Florida Immunization Program 1111 N. Rock Springs Road Apopka, FL 32712 (407) 254-1078 Cell (850) 528-5144 Fax (407) 254-1014 Sr. Clerk: Rosemary Roldan (407) 254-1036 Brevard Lake Orange Seminole	MOHAMMED SARDAR, M.B.A. Immunization Consultant (Area 6) Florida Department of Health Florida Immunization Program 8751 Ulmerton Road, Room #1307 Largo, FL 33771 (727) 507-4427, Ext. 7811 Cell (850) 528-5134 Fax (727) 507-4429 Immunization Analyst: Vacant (727) 507-4428, Ext. 7810 Cell (850) 274-1886 (inactive) Citrus Hernando Pasco Pinellas Sumter	SAMHARA ESTRADA-Immunization Consultant (Area 11) Florida Immunization Program Broward County Health Department 780 SW 24 Street, Room 283 Ft. Lauderdale, FL 33315-2643 (954) 467-4700, Ext. 5695 (Main Number) (954) 213-0654 (Direct Line) Cell (850) 528-5141 Fax (954) 762-3714 (new) Immunization Analyst: Flor Acuña (954) 467-4700, Ext. 5728 (954) 468-2717 (Direct Line) Cell (850) 491-0649 Broward Hendry Glades	MICHAEL T. MCCULLOM-Immunization Consultant (Area 12) Miami-Dade County Health Department Immunization Services 8600 N.W. 17 Street, Suite 200 Doral, FL 33126 (305) 499-2063 Cell (850) 528-5139 Fax (786) 845-0598 Sr. Clerk: Celia Rodriguez del Rey (305) 499-2084 Dade Monroe

Halsey Rhodes, Senior CDC Advisor – (850) 245-4444, Ext. 2393 ♦ Bobbie Strickland, CDC Advisor – (850) 245-4444, Ext. 2392
Admn. Secretary: Rebecca Neal – (850) 245-4444, Ext. 2399