



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: _____ Date of report: _____

Name of person completing report: _____ Phone: _____

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			• Reviewer:				
Child's name (Last name, First name)	Grade and Birthdate	Parent's name and current mailing address	Exclusion order mailed? Yes/No	Date	Vaccines	Date records updated	Excluded? Yes/No
Check if no record:							
Check if no record:							
Check if no record:							
Check if no record:							
Check if no record:							
Check if no record:							
Check if no record:							

Make copies if you need additional pages.

Instructions for Immunization Reports

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Section B

Fill in the demographic information for the school or facility.

In **Section B**, list children who are incomplete or insufficient, children with medical exemptions needing review, and children with no record.

List children by these categories, alphabetically by last name. For children with no record, mark the “Check if no record” box in the “Child’s name” column. Fill in the child’s grade level and birthdate. If a child is younger than kindergarten age use “P” for preschool.

In the next column list the name and address of the child’s parent or guardian.

For children listed on **Section B**, send the local health department copies of the Certificate of Immunization Status (CIS) form and any other immunization or exemption documentation.

Arrange the copies of the records in the same order that that children appear on the list in **Section B**.

Section D

Updating Records and Canceling Exclusion Orders: As parents and guardians update their child’s record, write in **column D** the date that they provided the needed immunization or exemption information. If the child’s record was not updated before the start of school or child care on Exclusion Day, write yes in the “excluded” box.

Submitting Reports

Send **Section B** to the local health department by the due date listed on the form. Include copies of records for children who are incomplete/insufficient or who have unreviewed medical exemptions. Send a copy of **Section D** completed, along with pages 3 and/or 4, to the local health department by the due date listed on the form.

Ensure this form is sent securely if submitting via email. If you do not have a way of sending a secure email or are unsure how to create one, contact your local health department. Keep a copy for your records for one year.