

Instructions on Completing The Immunization Assessment Report for Public and Private Schools K-12

All private and public schools must submit this report (EPI 12B) on the immunization status of enrolled students who have not received all of the required immunizations. **It is the responsibility of the schools to follow up on students who do not comply with the school health law.**

1. Section #1:
 - a. Fill in all information requested in this section including the name of the school, address, who prepared the report along with their title, phone number, fax number and the date of the report.
 - b. Enter the total number of students in Kindergarten and in other grades separately into the "Kindergarten" and "Other grades" lines. The total enrollment is equal to the total number of students in kindergarten plus the total number of students in other grades. If the school has 7th grade students, enter the 7th grade enrollment number into the "7th grade enrollment only" line.
2. Section #2:
 - a. If all students meet the immunization requirements, check "Yes" in section #2 and mail this form to the address listed below. If there are ANY students missing one or more of the immunizations, check "No" in section #2, and complete section #3.
 - b. Children are not in compliance with the Hawaii School Immunization Laws if they:
 - Lack one or more of the required immunizations and do NOT have a religious or medical exemption
 - Have no immunization record on file.

REQUIRED VACCINES / MINIMUM ACCEPTABLE TIME INTERVALS BETWEEN VACCINE DOSES

Vaccine	# of Doses Required	Minimum Time Interval
Diphtheria, Tetanus, Pertussis (DTaP or DTP)	5	1 st dose: Not before age 6 weeks 2 nd dose: 4 weeks after first dose 3 rd dose: 4 weeks after second dose 4 th dose: 6 months after 3 rd dose AND not before age 12 months 5 th dose: Not before age 4 years
Polio (IPV, OPV or any combination)	4	1 st dose: Not before age 6 weeks 2 nd dose: 4 weeks after first dose 3 rd dose: 4 weeks after second dose 4 th dose: 4 weeks after third dose
Measles, Mumps, Rubella (MMR)	2	1 st dose: Not before age 12 months 2 nd dose: 4 weeks after first dose
Hepatitis B	3	1 st dose: Birth 2 nd dose: 4 weeks after first dose 3 rd dose: 8 weeks after 2 nd dose AND 4 months after 1 st dose but not before age 6 months
Varicella (chickenpox)	1 or 2*	1 st dose: Not before age 12 months 2 nd dose: 4 weeks after 1 st dose (2 doses of varicella vaccine are required if the first dose is administered on or after the 13 th birthday) *A documented history of varicella signed by a U.S. licensed MD, DO, APRN, or PA, may be substituted for this vaccine requirement.

Vaccine abbreviations: DTaP=Diphtheria-Tetanus-acellular Pertussis; DTP Diphtheria-Tetanus-Pertussis;
OPV=Oral Polio Vaccine; IPV=Inactivated Polio Vaccine

3. Section #3:
 - a. List the names of the students who have no immunization record, are missing an immunization, or have a medical or religious exemption. Enter the date of birth, grade and the date that they have entered your school.
 - b. Mark "X" in the "No Immunization Record" column if a child has no immunization record.
 - c. If a parent has provided the school with a signed religious exemption, mark "X" in the "RELIGIOUS" column under "EXEMPT".
 - d. If a parent provides the school with a medical exemption signed by a U.S. licensed physician, mark "X" in the "MEDICAL" column under "EXEMPT". In addition, mark "M" in the column of the vaccine dose to indicate the exempt vaccine.
 - e. For each student missing an immunization, mark "X" in the column of the vaccine dose(s) to indicate the missing vaccine(s).
4. After the Director or principal of the school signs this form, fax or mail this form to:

STATE OF HAWAII DEPARTMENT OF HEALTH
HI IMMUNIZATION PROGRAM
P. O. BOX 3378
Honolulu, HI 96801
FAX: (808) 586-7511, Phone: (808) 586-8300

Please send the first report no later than October 10th and the second report no later than January 10th.

If you need assistance in completing this form, contact the Hawaii Immunization Program, Epidemiology and Surveillance Section at (808) 586-8300.