



**Nevada Department of
Health and Human Services**
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH



**NEVADA STATE
IMMUNIZATION
PROGRAM**

**Nevada Department of Public and Behavioral Health
2021-2022 Annual Private School Immunization
Reporting Instruction Packet**



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I. Introduction

This instruction packet has been developed to help you with completing the immunization reporting survey.

II. Grades Reported

For all questions, include all current students enrolled in kindergarten, seventh (7th), and twelfth (12th) grades only.

- Per Nevada Revised Statute ([NRS](#)) 394.192, each private school is required to report to the Division of Public and Behavioral Health the exact number of students who have completed the immunizations required for enrollment by December 31st of each year.
- Do **not** include information on pre-school or pre-K students in the responses.
- Children who are students of distant learning programs (such as online schools) that participate in any activities on a school campus, such as sports, **should** be included in your school's total count.
- Please review and validate the online information prior to submitting your school's immunization information.
- Please fill out all required sections. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.
- **If your school's information is incorrect, you will be contacted by the Nevada State Immunization Program.**
- **If you do not submit your immunization information by December 31st, you will be contacted by the Nevada State Immunization Program.**

III. Exclusion from Reporting

- Children who are entirely home-schooled and **do not** participate in any activities on a school campus **do not** need to be included in the school immunization reporting.

IV. Access to Immunize Nevada Website

To access the annual immunization reporting survey online:

- Go to <https://www.immunizenevada.org/submit-rates>
- Click on the appropriate link.
- Reports must be entered online by December 31st of the reporting year.
- See the following instructions for school immunization reporting submission.

V. Getting Started

- Collect student immunization reports for all kindergarten, 7th grade, and 12th grade students.
- **Each school will submit the total counts rather than immunization percentages.**
- Schools with multiple campuses must submit each school separately. For example, Sunshine School will submit immunization information separately for the Happy Campus, the Smile Campus, and the Bright Campus.

- Go to <https://www.immunizenevada.org/submit-rates>

Submit immunization rates — it's important, it's easy, and it's the law.

NRS 392.435, NRS 394.192, NRS 432A.235, and NRS 432A.230 require that before December 31 of each year, each public school, private school, and child care facility shall report the exact number of pupils who have completed the immunizations required for enrollment. Immunize Nevada is collecting this information on behalf of the Nevada State Division of Public and Behavioral Health. Submitting your child care or school's information through this webform fulfills this statutory requirement.



- Click on the “Submit Immunization Rates for a School” link.

Submit immunization rates — it's important, it's easy, and it's the law.




- You will be re-directed to a separate page.
- Fill out all required sections. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.

VI. General Information





➤ Enter in all general information.

Nevada School Immunization Rate Reporting Survey

Resize font: 

Please complete the survey below.

Thank you!

First name <i>* must provide value</i>	<input type="text"/>
Last name <i>* must provide value</i>	<input type="text"/>
Job title <i>* must provide value</i>	<input type="text"/> 
Phone number <i>* must provide value</i>	<input type="text"/> <small>Please enter phone number without parentheses or dashes.</small>
Email address <i>* must provide value</i>	<input type="text"/>
Is your school public, private or charter? <i>* must provide value</i>	<input type="radio"/> public <input type="radio"/> private <input type="radio"/> charter reset
School name <i>* must provide value</i>	<input type="text"/>  <small>If your school is not listed, please select other and enter your school name.</small>
School's physical address <i>* must provide value</i>	<input type="text"/>
City <i>* must provide value</i>	<input type="text"/> 
Zip code <i>* must provide value</i>	<input type="text"/>
County <i>* must provide value</i>	<input type="text"/> 

VII. Collecting Data

- Please collect immunization records for students enrolled in your school to complete the survey. ([SEE APPENDIX B](#))
- Use the private school tally sheets (kindergarten, 7th grade, and/or 12th grade) to help in evaluating the immunization status of your school. ([SEE APPENDIX E, F, & G](#))
- Do **not** submit tally sheets to the Nevada State Immunization Program.

VIII. Kindergarten Grade

- Answer the question, “Do you have students enrolled in kindergarten?”
- If you have students enrolled in kindergarten, click the “Yes” button.
- If you do **not** have students enrolled in kindergarten, click the “No” button.
- Click the “Next Page” button.
- If you clicked “Yes”, you will be directed to answer kindergarten questions.
- If you clicked “No”, you will be directed to the 7th grade section.

IX. Students Enrolled in Kindergarten

- Please answer questions for the following vaccines only: DTaP, Hep A, MMR, Hep B, Polio, and Varicella.
- **(Question 1)**
 - Total enrollment: the total number of kindergarten students in your school.
- **(Question 2a, 2b, 2c, 2d, 2e, 2f)**
 - Up-to-date by vaccine: count the number of students who are up-to-date for each of the vaccines listed on the survey. **Do not** count medical exemptions, religious exemptions, and conditional enrollments as UTD.
- **(Question 3)**
 - Total number medically exempt: the parent/guardian has provided a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- **(Question 3a, 3b, 3c, 3d, 3e, 3f)**
 - Medical exemptions by vaccine: count the number of students who have medical exemptions for each of the vaccines listed on the survey.
- **(Question 4)**
 - Total number religiously exempt: a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate was provided by the parent/guardian who prohibits the immunization of the student due to religious beliefs.

- (Question 4a, 4b, 4c, 4d, 4e, 4f)
 - Religious exemptions by vaccine: count the number of students who have religious exemptions for each of the vaccines listed on the survey.
- (Question 5)
 - Total number exempt to all required vaccines: the student has a medical or religious exemption from all required vaccines. Count the number of students who are exempt from all required vaccines for kindergarten entry.
- (Question 6)
 - Total number with documented varicella disease: count the number of students who have had the varicella disease.
- (Question 7)
 - Total number conditionally enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.
- (Question 8)
 - Total number non-compliant: the student does not have required immunizations, a religious or medical exemption, and is not conditionally enrolled. Count the number of students who are non-compliant.

X. Seventh (7th) Grade

- Answer the question, “Do you have students enrolled in 7th grade?”
- If you have students enrolled in 7th grade, click the “Yes” button.
- If you do **not** have students enrolled in 7th grade, click the “No” button.
- Click the “Next Page” button.
- If you clicked “Yes”, you will be directed to answer 7th grade questions.
- If you clicked “No”, you will be directed to the 12th grade section.

XI. Twelfth (12th) Grade

- Answer the question, “Do you have students enrolled in 12th grade?”
- If you have students enrolled in 12th grade, click the “Yes” button.
- If you do **not** have students enrolled in 12th grade, click the “No” button.
- Click the “Next Page” button.
- If you clicked “Yes,” you will be directed to answer 12th grade questions.
- If you clicked “No,” you will be directed to the “Submit” button to submit your school’s information.

XII. Students Enrolled in Seventh (7th) Grade and/or Twelfth (12th) Grade at Private Schools

- Please answer questions for the following vaccines only: Meningococcal, Tdap, MMR, Hep A, and Varicella.

- (Question 1)
 - Total enrollment: the total number of 7th and/or 12th grade students in your school.

- (Question 2a, 2b, 2c, 2d, 2e)
 - Up-to-date by vaccine: count the number of students who are up-to-date for each of the vaccines listed on the survey. **Do not** count medical exemptions, religious exemptions, and conditional enrollment as UTD.

- (Question 3)
 - Total number medically exempt: the parent/guardian has provided a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.

- (Question 3a, 3b, 3c, 3d, 3e)
 - Medical exemptions by vaccine: count the number of students who have medical exemptions for each of the vaccines listed on the survey.

- (Question 4)
 - Total number religiously exempt: a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate was provided by the parent/guardian who prohibits the immunization of the student due to religious beliefs.

- (Question 4a, 4b, 4c, 4d, 4e)
 - Religious exemptions by vaccine: count the number of students who have religious exemptions for each of the vaccines listed on the survey.

- (Question 5)
 - Total number conditionally enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.

- (Question 6)
 - Total number of students non-compliant: the student does not have required immunizations, does not have a signed medical or religious exemption, and is not considered conditional.

APPENDIX A: VACCINE ABBREVIATIONS

DTaP	Diphtheria, Tetanus, and Acellular Pertussis
Hep A/HAV	Hepatitis A
Hep B/HBV	Hepatitis B
IPV	Inactivated Polio
MenACWY/MCV4	Meningococcal
MMR	Measles, Mumps, and Rubella
MMRV	Measles, Mumps, Rubella, and Varicella (Chickenpox)
Tdap	Tetanus, Diphtheria, and Acellular Pertussis
VAR/CPOX	Varicella (Chickenpox)

APPENDIX B: SAMPLE IMMUNIZATION RECORD

DTaP/Td/Tdap			
1	DTaP	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP	12/28/2012	1Y 3M 2D
5	DTaP-IPV	10/2/2015	4Y 0M 6D
Polio			
1	IPV	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP-IPV	10/2/2015	4Y 0M 6D
MMR/Measles			
1	MMR	9/28/2012	1Y 0M 2D
2	MMR	10/2/2015	4Y 0M 6D
Hib			
1	Hib	12/1/2011	0Y 2M 5D
2	Hib	2/3/2012	0Y 4M 8D
3	Hib	12/28/2012	1Y 3M 2D
HEPB			
1	Hep B, ped/adol	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
HEPA			
1	Hep A, ped/adol	9/28/2012	1Y 0M 2D
2	Hep A, ped/adol	3/29/2013	1Y 6M 3D
Pneumococcal			
1	PCV-13 (Pevnar 13)	12/1/2011	0Y 2M 5D
2	PCV-13 (Pevnar 13)	2/3/2012	0Y 4M 8D
3	PCV-13 (Pevnar 13)	3/29/2012	0Y 6M 3D
4	PCV-13 (Pevnar 13)	12/28/2012	1Y 3M 2D
ROTA			
1	Rotavirus (Rotarix)	12/2/2011	0Y 2M 5D
2	Rotavirus (Rotarix)	2/3/2012	0Y 4M 8D
Varicella (CPOX)			
1	CPOX (Varicella)	9/28/2012	1Y 0M 2D
2	CPOX (Varicella)	10/2/2015	4Y 0M 6D

APPENDIX C: KINDERGARTEN GRADE QUESTIONS

Kindergarten	
(1) Total # of students enrolled in kindergarten * must provide value	<input type="text"/>
(2a) Total # of students UTD for DTaP * must provide value	<input type="text"/> <small>DTaP: Diphtheria, tetanus and acellular pertussis</small>
(2b) Total # of students UTD for IPV * must provide value	<input type="text"/> <small>IPV: Polio</small>
(2c) Total # of students UTD for Hep B * must provide value	<input type="text"/> <small>Hep B: Hepatitis B</small>
(2d) Total # of students UTD for Hep A * must provide value	<input type="text"/> <small>Hep A: Hepatitis A</small>
(2e) Total # of students UTD for MMR * must provide value	<input type="text"/> <small>MMR: Measles, mumps, and rubella</small>
(2f) Total # of students UTD for Varicella * must provide value	<input type="text"/> <small>Varicella: Chickenpox</small>

(3) Total # of students medically exempt from any required vaccines * must provide value	<input type="text"/>
(3a) Total # of students medically exempt from DTaP * must provide value	<input type="text"/> DTaP: Diphtheria, tetanus and acellular pertussis
(3b) Total # of students medically exempt from IPV * must provide value	<input type="text"/> IPV: Polio
(3c) Total # of students medically exempt from Hep B * must provide value	<input type="text"/> Hep B: Hepatitis B
(3d) Total # of students medically exempt from Hep A * must provide value	<input type="text"/> Hep A: Hepatitis A
(3e) Total # of students medically exempt from MMR * must provide value	<input type="text"/> MMR: Measles, mumps and rubella
(3f) Total # of students medically exempt from Varicella * must provide value	<input type="text"/> Varicella: Chickenpox

(4) Total # of students religiously exempt from any required vaccines * must provide value	<input type="text"/>
(4a) Total # of students religiously exempt from DTaP * must provide value	<input type="text"/> DTaP: Diphtheria, tetanus and acellular pertussis
(4b) Total # of students religiously exempt from IPV * must provide value	<input type="text"/> IPV: Polio
(4c) Total # of students religiously exempt from Hep B * must provide value	<input type="text"/> Hep B: Hepatitis B
(4d) Total # of students religiously exempt from Hep A * must provide value	<input type="text"/> Hep A: Hepatitis A
(4e) Total # of students religiously exempt from MMR * must provide value	<input type="text"/> MMR: Measles, mumps and rubella
(4f) Total # of students religiously exempt from Varicella * must provide value	<input type="text"/> Varicella: Chickenpox

<p>(5) Total # of students exempt from all required vaccines * must provide value</p>	<input type="text"/>
<p>(6) Total # of students with documented Varicella disease * must provide value</p>	<input type="text"/>
<p>(7) Total # of students conditionally enrolled * must provide value</p>	<input type="text"/> <small>Conditionally Enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.</small>
<p>(8) Total # of students non-compliant * must provide value</p>	<input type="text"/> <small>Non-compliant: the student does not have required immunizations, does not have a signed medical or religious exemption form, and is not considered conditional.</small>

APPENDIX D: SEVENTH (7th) AND TWELFTH (12th) GRADE QUESTIONS

Seventh Grade

(1) Total # of students enrolled in 7th grade * must provide value	<input type="text"/>
(2a) Total # of students UTD for Meningococcal * must provide value	<input type="text"/>
(2b) Total # of students UTD for Varicella * must provide value	<input type="text"/> <small>Varicella: Chickenpox</small>
(2c) Total # of students UTD for Tdap * must provide value	<input type="text"/> <small>Tdap: Tetanus, diphtheria, and acellular pertussis</small>
(2d) Total # of students UTD for MMR * must provide value	<input type="text"/> <small>MMR: Measles, mumps, and rubella</small>
(2e) Total # of students UTD for Hep A * must provide value	<input type="text"/> <small>Hep A: Hepatitis A</small>
(3) Total # of students medically exempt from any required vaccines * must provide value	<input type="text"/>
(3a) Total # of students medically exempt from Meningococcal * must provide value	<input type="text"/>

<p>(3b) Total # of students medically exempt from Varicella * must provide value</p>	<input type="text"/> <small>Varicella: Chickenpox</small>
<p>(3c) Total # of students medically exempt from Tdap * must provide value</p>	<input type="text"/> <small>Tdap: Tetanus, diphtheria and acellular pertussis</small>
<p>(3d) Total # of students medically exempt from MMR * must provide value</p>	<input type="text"/> <small>MMR: Measles, mumps and rubella</small>
<p>(3e) Total # of students medically exempt from Hep A * must provide value</p>	<input type="text"/> <small>Hep A: Hepatitis A</small>
<p>(4) Total # of students religiously exempt from any required vaccines * must provide value</p>	<input type="text"/>
<p>(4a) Total # of students religiously exempt from Meningococcal * must provide value</p>	<input type="text"/>
<p>(4b) Total # of students religiously exempt from Varicella * must provide value</p>	<input type="text"/> <small>Varicella: Chickenpox</small>
<p>(4c) Total # of students religiously exempt from Tdap * must provide value</p>	<input type="text"/> <small>Tdap: Tetanus, diphtheria and acellular pertussis</small>
<p>(4d) Total # of students religiously exempt from MMR * must provide value</p>	<input type="text"/> <small>MMR: Measles, mumps and rubella</small>
<p>(4e) Total # of students religiously exempt from Hep A * must provide value</p>	<input type="text"/> <small>Hep A: Hepatitis A</small>
<p>(5) Total # of students conditionally enrolled * must provide value</p>	<input type="text"/> <small>Conditionally Enrolled: the student does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.</small>
<p>(6) Total # of students non-compliant * must provide value</p>	<input type="text"/> <small>Non-compliant: the student does not have required immunizations, does not have a signed medical or religious exemption form, and is not considered conditional.</small>

APPENDIX E: KINDERGARTEN GRADE TALLY SHEET

Date:

Note: The Nevada State Immunization Program developed this tool to assist in evaluating the immunization status of your school and completing the Nevada school immunization reporting survey.

Do not submit to NSIP.

Child	Grade	Up-to-Date								Medical Exemption							Religious Exemption						Exempt to all	VAR Disease	Conditional	Non-Compliant	CIT not UTD		
		UTD to All	DTaP	IPV	Hep B	Hep A	MMR	VAR	MedEx	DTaP	IPV	Hep B	Hep A	MMR	VAR	RelEx	DTaP	IPV	Hep B	Hep A	MMR	VAR							
A																													
B																													
C																													
D																													
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N																													
O																													

APPENDIX F: SEVENTH (7th) GRADE TALLY SHEET

Date:

Note: The Nevada State Immunization Program (NSIP) developed this tool to assist in evaluating the immunization status of your school and completing the Nevada school immunization reporting survey.

Do not submit to NSIP.

Child	Grade	Up-to-Date						Medical Exemption						Religious Exemption						Conditional	CIT not UTD		
		UTD to All	Mening	VAR	Tdap	MMR	Hep A	MedEx	Mening	VAR	Tdap	MMR	Hep A	RelEx	Mening	VAR	Tdap	MMR	Hep A				
A																							
B																							
C																							
D																							
E																							
F																							
G																							
H																							
I																							
J																							
K																							
L																							
M																							
N																							
O																							

APPENDIX G: TWELFTH (12th) GRADE TALLY SHEET

Date:

Note: The Nevada State Immunization Program (NSIP) developed this tool to assist in evaluating the immunization status of your school and completing the Nevada school immunization reporting survey.

Do not submit to NSIP.

Child	Grade	Up-to-Date						Medical Exemption						Religious Exemption						Conditional	CIT not UTD		
		UTD to All	Mening	VAR	Tdap	MMR	Hep A	MedEx	Mening	VAR	Tdap	MMR	Hep A	RelEx	Mening	VAR	Tdap	MMR	Hep A				
A																							
B																							
C																							
D																							
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