School Medical Immunization

Cycle: 3

County: CRAIGHEAD

ANNIE CAMP JR. HIGH SCHOOL

LEA: 1608023

2023 - 2024

				Section		Section II - Exemptions								
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
07	242	235	235	234	234	233	217	216	NA	207	1	0	2	3

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
07	28	210	4	0

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

ANNIE CAMP JR. HIGH SCHOOL

LEA: 1608023

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	s		Section II - Exemptions				
Α	В	С	C D E F G H I J K										N	0	
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses		MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
08	219	213	214	214	212	209	206	191	NA	201	0	0	1	1	
		•	2	v		Had Disease		2 Doses*		•			•		
						0		0	1						

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
08	12	202	5	0

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

ANNIE CAMP JR. HIGH SCHOOL

LEA: 1608023

				Section		Section II - Exemptions								
Α	В	С	C D E F G H I J K										N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses		MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
09	270	266	267	267	267	265	257	240	NA	252	0	0	1	1
		-		v		Had Disease		2 Doses*				1	·	•

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
09	16	253	1	0

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

DOUGLAS MACARTHUR JUNIOR HIGH SCHOOL

LEA: 1608024

2023 - 2024

				Section		Section II - Exemptions								
Α	В	С	D	E	F	G	Н	I	J	K	L	М	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
07	260	255	257	256	258	254	253	251	NA	242	1	1	0	2

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
07	15	244	1	0

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

DOUGLAS MACARTHUR JUNIOR HIGH SCHOOL

LEA: 1608024

				Section		Section II - Exemptions								
Α	В	С	C D E F G H I J K									М	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
08	250	246	247	246	247	245	245	243	NA	240	0	1	0	1
				•		Had		2 Doses*					·	

Had Disease	2 Doses*
0	0

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
08	9	241	0	0

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

DOUGLAS MACARTHUR JUNIOR HIGH SCHOOL

LEA: 1608024

				Section		Section II - Exemptions								
Α	В	С	D	E	F	G	Н	I	J	K	L	M	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
09	263	254	255	255	257	255	256	251	NA	250	0	1	0	1
	·	•	*	·		Had		2 Doses*						

Had Disease	2 Doses*
0	1

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
09	10	251	2	1

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

HEALTH/WELLNESS ENVI MAGNET

LEA: 1608020

2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	C D E F G H I J K							L	М	N	0		
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt	
01	123	115	117	120	117	115	NA	NA	120	108	0	1	0	1	

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
01	13	109	1	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

HEALTH/WELLNESS ENVI MAGNET

LEA: 1608020

2023 - 2024

			Section I - Number of Students Meeting Requirements									ection II	Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	Κ	L	М	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
02	110	107	107	108	106	106	0	NA	NA	104	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
02	6	104	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

HEALTH/WELLNESS ENVI MAGNET

LEA: 1608020

2023 - 2024

			Section I - Number of Students Meeting Requirements									ection II -	Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	κ	L	M	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
03	94	91	94	94	93	92	0	NA	NA	89	0	1	0	1

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
03	4	90	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

HEALTH/WELLNESS ENVI MAGNET

LEA: 1608020

2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0	
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
04	97	92	93	92	93	93	0	NA	NA	90	0	0	0	0	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
04	5	90	2	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

HEALTH/WELLNESS ENVI MAGNET

LEA: 1608020

2023 - 2024

			Section I - Number of Students Meeting Requirements									ection II -	- Exemp	tions
Α	В	С	C D E F G H I J K					L	М	N	0			
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
05	110	109	110	109	107	107	1	NA	NA	87	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
05	23	87	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

HEALTH/WELLNESS ENVI MAGNET

LEA: 1608020

2023 - 2024

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II	Exemp	tions
Α	В	С	C D E F G H I J K								L	M	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
06	109	106	107	108	106	104	14	NA	NA	13	0	1	0	1

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
06	95	14	0	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

INTERNATIONAL STUDIES MAGNET

LEA: 1608021

2023 - 2024

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	S		Se	ection II -	- Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	κ	L	M	N	0
Grade	Total Enrolled									Code M	Code R	Code P	Total Exempt	
01	103	102	102	102	100	100	NA	NA	102	100	1	0	1	2

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
01	0	102	1	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

INTERNATIONAL STUDIES MAGNET

LEA: 1608021

2023 - 2024

				Section	n I - Numb	er of Studen	nts Meeting	Requiremen	ts		Se	ection II	- Exemp	tions
Α	В	С	C D E F G H I J K								L	М	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
02	96	92	94	94	94	92	0	NA	NA	90	0	4	0	4

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
02	2	94	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

INTERNATIONAL STUDIES MAGNET

LEA: 1608021

2023 - 2024

				Section	n I - Numb	er of Studen	nts Meeting	Requirement	ts		Se	ection II	- Exemp	tions
Α	В	С	C D E F G H I J K								L	М	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
03	101	99	99	99	98	99	0	NA	NA	98	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
03	3	98	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

INTERNATIONAL STUDIES MAGNET

LEA: 1608021

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	Exemp	tions
Α	В	С	D E F G H I J K							κ	L	M	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
04	111	109	109	109	108	107	0	NA	NA	107	0	0	1	1

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
04	2	108	1	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

INTERNATIONAL STUDIES MAGNET

LEA: 1608021

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	- Exemp	tions
Α	В	С	D E F G H I J K							κ	L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
05	107	104	104	104	104	104	11	NA	NA	100	0	0	1	1

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
05	5	101	1	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

INTERNATIONAL STUDIES MAGNET

LEA: 1608021

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	Exemp	tions
Α	В	С	D E F G H I J K							κ	L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
06	108	106	106	107	106	106	92	NA	NA	92	0	0	1	1

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
06	14	93	1	NA

School Medical Immunization

Cycle: 3

KINDERGARTEN CENTER 2023 - 2024 County: CRAIGHEAD

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	is		Se	ection II -	Exemp	tions
Α	В	С	D E F G H I J K								L	М	N	0
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt
K	514	480	490	496	482	478	NA	NA	498	462	0	5	6	11

Had Disease

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
K	40	473	1	NA

LEA: 1608026

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

LEADERSHIP MAGNET SCHOOL

LEA: 1608022

2023 - 2024

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	s		Se	ection II -	Exemp	tions
Α	В	С	D E F G H I J K							L	М	N	0	
Grade	Total Enrolled									Code M	Code R	Code P	Total Exempt	
01	92	88	88	89	88	87	NA	NA	92	86	0	0	0	0

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
01	6	86	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

LEADERSHIP MAGNET SCHOOL

LEA: 1608022

2023 - 2024

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	- Exemp	tions
Α	В	С	D E F G H I J K								L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
02	84	78	81	81	80	80	0	NA	NA	78	0	0	1	1

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
02	3	79	2	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

LEADERSHIP MAGNET SCHOOL

LEA: 1608022

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	Exemp	tions
Α	В	С	D E F G H I J K								L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
03	91	87	89	89	90	89	0	NA	NA	87	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
03	3	87	1	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

LEADERSHIP MAGNET SCHOOL

LEA: 1608022

2023 - 2024

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	- Exemp	tions
Α	В	С	D E F G H I J K								L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
04	79	72	77	78	77	77	1	NA	NA	72	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
04	6	72	1	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

LEADERSHIP MAGNET SCHOOL

LEA: 1608022

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	- Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
05	76	75	75	75	75	75	9	NA	NA	71	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
05	5	71	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

LEADERSHIP MAGNET SCHOOL

LEA: 1608022

2023 - 2024

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	Exemp	tions
Α	В	С	C D E F G H I J K							κ	L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
06	78	76	78	78	77	77	68	NA	NA	66	0	0	1	1

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
06	11	67	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

MATH & SCIENCE MAGNET SCHOOL

LEA: 1608017

2023 - 2024

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	S		Se	ection II -	Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt
K	2	2	2	2	2	2	NA	NA	2	2	0	0	0	0

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
K	0	2	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

MATH & SCIENCE MAGNET SCHOOL

LEA: 1608017

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	S		Se	ection II -	Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt
01	83	82	81	83	82	82	NA	NA	82	81	0	0	0	0

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
01	2	81	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

MATH & SCIENCE MAGNET SCHOOL

LEA: 1608017

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	κ	L	M	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
02	92	91	91	91	92	91	0	NA	NA	91	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
02	1	91	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

MATH & SCIENCE MAGNET SCHOOL

LEA: 1608017

2023 - 2024

				Sectio	n I - Numb	er of Studen	ts Meeting	Requirement	ts		Se	ection II -	Exemp	tions
Α	В	С	D	E	F	G	Н	I	J	κ	L	M	N	0
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
03	86	85	85	85	85	85	0	NA	NA	85	0	0	0	0

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
03	0	85	1	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

MATH & SCIENCE MAGNET SCHOOL

LEA: 1608017

2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	C D E F G H I J K						L	М	N	0			
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
04	81	81	81	81	81	81	0	NA	NA	81	0	0	0	0	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
04	0	81	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

MATH & SCIENCE MAGNET SCHOOL

LEA: 1608017

2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	C D E F G H I J K						L	М	N	0			
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
05	87	87	87	87	87	87	18	NA	NA	87	0	0	0	0	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
05	0	87	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

MATH & SCIENCE MAGNET SCHOOL

LEA: 1608017

2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	D	E	F	G	Н	I	J	κ	L	M	N	0	
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
06	81	81	81	81	81	81	79	NA	NA	79	0	0	0	0	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only
06	2	79	0	NA

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

THE ACADEMIES AT JONESBORO HIGH SCHOOL

LEA: 1608027

				Section	n I - Numb	Section I - Number of Students Meeting Requirements									
Α	В	С	C D E F G H I J K							L	М	N	0		
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
09	11	11	11	11	11	11	11	9	NA	11	0	0	0	0	
		-				Had		2 Doses*							

Had Disease	2 Doses*
0	0

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
09	0	11	0	0

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

THE ACADEMIES AT JONESBORO HIGH SCHOOL

LEA: 1608027

			Section I - Number of Students Meeting Requirements										Section II - Exemptions			
Α	В	С	C D E F G H I J K							L	М	N	0			
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt		
10	532	520	521	522	520	517	515	362	NA	511	0	1	4	5		
		•	2	<u> </u>	Ť	Had		2 Doses*					-			

Had Disease	2 Doses*
1	45

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
10	10	516	6	0

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

THE ACADEMIES AT JONESBORO HIGH SCHOOL

LEA: 1608027

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	is		Section II - Exemptio			tions
Α	В	С	C D E F G H I J K							L	М	N	0	
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses		MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
11	478	467	472	472	473	473	469	6	NA	462	0	0	2	2
	•	•	2	•		Had		2 Doses*				7.		

Had Disease	2 Doses*
1	212

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended
	Р	Q	R	s
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses
11	11	464	3	2

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

THE ACADEMIES AT JONESBORO HIGH SCHOOL

LEA: 1608027

				Section	n I - Numb	er of Studen	ts Meeting	Requirement	S		Section II - Exemption			
Α	В	С	C D E F G H I J K							L	М	N	0	
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose	MCV4 1 Dose*	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt
12	401	395	398	398	399	396	395	5	NA	391	2	1	1	4
						Had		2 Doses*						

Had Disease	2 Doses*
3	265

^{*}MCV4 - Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose -OR-

¹ dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 3 Doses		
12	8	395	1	7		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

VISUAL & PERFORMING ART MAGNET

LEA: 1608019

2023 - 2024

			Section I - Number of Students Meeting Requirements										Section II - Exemptions			
Α	В	С	C D E F G H I J K							L	М	N	0			
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt		
K	3	2	2	2	2	2	NA	NA	3	2	0	0	0	0		

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
K	1	2	0	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

VISUAL & PERFORMING ART MAGNET

LEA: 1608019

2023 - 2024

			Section I - Number of Students Meeting Requirements										Section II - Exemptions			
Α	В	С	C D E F G H I J K							L	М	N	0			
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP N/A	MCV4 N/A	HepA 1 Dose	All Requirements	Code M	Code R	Code P	Total Exempt		
01	122	116	118	119	117	117	NA	NA	118	116	0	0	3	3		

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
01	2	119	1	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

VISUAL & PERFORMING ART MAGNET

LEA: 1608019

2023 - 2024

			Section I - Number of Students Meeting Requirements										Section II - Exemptions			
Α	В	С	D	E	F	G	Н	I	J	Κ	L	М	N	0		
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt		
02	142	141	141	140	140	140	0	NA	NA	138	0	0	0	0		

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
02	4	138	0	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

VISUAL & PERFORMING ART MAGNET

LEA: 1608019

2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0	
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
03	114	114	113	114	113	113	0	NA	NA	112	0	0	1	1	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended			
	Р	Q	R	s			
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only			
03	1	113	0	NA			

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

VISUAL & PERFORMING ART MAGNET

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2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0	
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
04	114	112	113	113	112	112	0	NA	NA	110	0	0	0	0	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
04	4	110	0	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

VISUAL & PERFORMING ART MAGNET

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2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	D	E	F	G	Н	I	J	K	L	M	N	0	
Grade	Total Enrolled	DTaP 4 Doses	IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
05	113	112	112	112	110	110	2	NA	NA	100	0	1	1	2	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
05	11	102	0	NA		

School Medical Immunization

Cycle: 3

County: CRAIGHEAD

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2023 - 2024

			Section I - Number of Students Meeting Requirements									Section II - Exemptions			
Α	В	С	D	E	F	G	Н	I	J	κ	L	М	N	0	
Grade	Total Enrolled		IPV/OPV 3 Doses	HepB 3 Doses	MMR 2 Doses	Varicella 2 Doses	TDAP 1 Dose*	MCV4 N/A	HepA K-1st Only	All Requirements	Code M	Code R	Code P	Total Exempt	
06	107	106	106	106	106	106	31	NA	NA	31	0	1	0	1	

^{*1} Dose required if student is older than 11 years on September 1st

	Partial Records	Compliant	Non-Compliant	Recommended		
	Р	Q	R	s		
Grade	Incomplete Records	Total Compliant K + O	No Records	HPV 7-12th Only		
06	75	32	0	NA		