

Grade Section	DT 4 doses or more	Polio 3 doses or more	MMR 2 doses or more	HepB 3 doses or more	Varicella Had disease	Varicella 2 doses	Tdap 1 dose	Td 1dose	MCV 1 dose	A	B	C	D	E	F
										# of Students Enrolled	# of Students Medical Exempt	# of Students Religious Exempt	# of Students Philosophical/Strong Moral or Ethical Conviction Exempt	# of Students Enrolled Provisionally	# of Students Denied Admission or Attendance
Kindergarten															
7 th Grade															

*There is more information regarding the completion of this report under the Help Link on the Main Menu

ATTENTION SCHOOL NURSE **AUN#**

***Please make any address corrections in the above block and return form.

Report Prepared by: **School nurse** **Other**
 Name: _____
 Job Title: _____
 Telephone Number: _____
 Date: _____

TO EXCLUDE YOUR SCHOOL....
 If your school should be excluded, check one of the boxes below. All excluded schools need to **mail** the form to the Department of Health at address listed below.

Exclusion reasons:

- School is closed
- No K and/or 7th grades
- Enrolled at home school district
- Preschool/daycare

Mail to:
 Pennsylvania Department of Health
 Division of Immunizations
 Health and Welfare Bldg., Room 1026
 625 Forster Street
 Harrisburg, PA 17120-0701

PRINTED ABOVE IS THE 2014-15 SCHOOL IMMUNIZATION LAW REPORT
DUE: December 31, 2014

Please enter your school information **online**. See the instructions below for online registration. If you **do not have access to a computer**, follow the instructions with "Step -by-Step General Instructions" for entering your school report. Shaded areas do not require a response; however, a numerical value must be entered into each un-shaded block. Complete your report form and mail to the PA Department of Health at the address above.

Online Registration:

- Enter the web-based system www.health.state.pa.us/sira.
- Click **REGISTER** link on menu at left side of screen.
- Enter school's 9 digit Administrative Unit Number (AUN#) and 4 digit School/Branch number (found above your school's address on the report that was sent to school). Do not combine two schools together onto one report.
- Click on the **ADD** button to add school to the selected schools list, (if you have more than one school, type in those AUN#'s as well and click **ADD** until you get all your schools listed).
- Complete all fields under user registration.
- User names and passwords cannot be longer than 10 characters each. Keep user name and password for future use.
- Click **REGISTER** button; click **OK** when registration is complete.

If already registered:

- Click on **LOGIN** link. Enter user name and password from previous year (**DO NOT re-register**). If you forgot your user name and/or password please call the Division of Immunizations and we can provide that information.
- Click **SUBMIT**. Follow steps to **ADD REPORT**.

Step-By-Step General Instructions:

- Each school is given a 9 digit Administrative Unit Number (AUN#) and a 4 digit School/Branch number. Each school requires a separate report. Do not combine two schools together onto one report.
- Complete top section of the form. Enter number of students in each grade who were vaccinated with the number of doses specified on the form. We are **ONLY** interested in data from kindergarten and 7th grade. If you do not have students in kindergarten and 7th grade or if your facility is closed, check the appropriate box above and return to the Department of Health.
- Complete for all immunizations listed for kindergarten and /or 7th grades. If the student does not have the number of doses specified for a specific antigen they will then be listed as "provisional," but all other completed doses must be indicated.
- Enter the total number of students enrolled in each listed grade section (*Column A*); number of students who are medical exempt (*Column B*); religious exempt (*Column C*); philosophical/strong moral or ethical conviction exempt (*Column D*); enrolled on a provisional basis until they complete required immunizations (*Column E*); and total number of students denied admission/attendance (*Column F*).
- Complete name, job title, telephone number and date of completion. Submit to the Department of Health, Division of Immunizations online or by mail. Return this form, if you are to be excluded, to the address listed above. Please contact the Division of Immunizations at (717) 787-5681 if there are any questions.