Immunization/Requirement Report

Last Modified on 01/14/2019 1:42 pm EST

Immunization/Req. Report provides a print-friendly list of each Student's *Completed*, *Due (30 days)*, and *Overdue* requirements. You can choose to search for just those Students who are due or overdue - or you can print all records for all Students.

To print each student's information on a separate page, check the box beside Page-break after each Student when printed?

Completed requirements- are highlighted green and have a (C) before the date completed.

Overdue requirements - are highlighted red and have an (O) before the date they were due.

Due (30 days) requirements- are highlighted yellow and have a (D) before the date they are due.

"No birthdate"- are highlighted yellow and have no requirements listed.



A birth date must be entered to calculate due dates.

Close Window

Page-break after each Student when printed? 🗷 🏼 Print

| | Name Gen | | Gender | Age | | | E | BirthDate | Active | | |
|---------------------|-----------------|---------------------|--------|-----------|------|--------------|---------------|-----------|---------------|--------|--------|
| Baker, Karen Female | | 4 yrs, 1 mths | | | | 4/5/2013 | Yes | | | | |
| | Name Ca | | tegory | Date 1 | | Date 2 | Date 3 | | Date 4 | Date 5 | Date 6 |
| | DTP | Immunization | | (C) 6/5/2 | 2013 | (C) 8/5/2013 | (C) 10/5/2013 | | (C) 7/5/2014 | | |
| | HIB | | | (C) 6/5/ | 2013 | (C) 8/5/2013 | (C) 10/5/ | 2013 | (C) 7/5/2014 | | |
| | Polio | | | (C) 6/5/ | 2013 | (O) 8/5/2013 | (O) 4/5/2 | 015 | (O) 4/5/2016 | | |
| | MMR | Immunization | | (C) 7/5/ | 2014 | | | | | | |
| | Chicken Pox | Immunization | | (C) 4/5/2 | 2015 | | | | | | |
| | Annual Physical | Medical Requirement | | (C) 4/5/2 | 2014 | (C) 4/5/2015 | (C) 4/5/2 | 016 | (D) 6/22/2017 | | |

Student Immunization/Requirements (C) is Completed, (O) is Overdue, (D) is due in 30 days

| Name | Gender Age | | BirthDate | Active | | | | | |
|---|------------|--------------|--------------|--------|--|--|--|--|--|
| Brewer, Jane | Female | No birthdate | No birthdate | Yes | | | | | |
| Student Immunization/Requirements (C) is Completed, (O) is Overdue, (D) is due in 30 days | | | | | | | | | |

| Name Gend | | | | Age | Age | | BirthDate | Active | | |
|------------------|--------------|--------------|---------------|---------|---------------|--------|-----------|----------------|--------|--------|
| an, Janet Female | | e | 1 yrs, 8 mths | | | g | /18/2015 | Yes | | |
| Name C | | ategory | | Date 1 | Date 2 | | Date 3 | Date 4 | Date 5 | Date 6 |
| DTP | Immunizatior | Immunization | | 8/2015 | (C) 1/18/2016 | (C) 3/ | 18/2016 | (C) 12/18/2016 | | |
| HIB | Immunizatior | Immunization | | 8/2015 | (C) 1/18/2016 | (C) 3/ | 18/2016 | (C) 12/18/2016 | | |
| Polio | Immunizatior | Immunization | | 8/2015 | (C) 1/18/2016 | | | | | |
| MMR | Immunization | | (C) 12/1 | 18/2016 | | | | | | |
| Chicken Pox | Immunizatior | า | | | | | | | | |
| Annual Physical | Medical Req | uirement | (C) 9/18 | 3/2016 | | | | | | |



To print the report with Green, Yellow and Red highlighting on dates, check that you are printing in Color and have Background Graphics set to display. Your printer settings may look

different....this is an example.

| Print | |
|----------------|---|
| Total: 20 shee | ts of paper |
| | Print Cancel |
| Destination | Change |
| Pages | All e.g. 1-5, 8, 11-13 |
| Copies | 1 |
| Layout | Portrait |
| Color | Color |
| | |
| Scale | 100 |
| Options | Headers and footers |
| | Two-sided |
| | Background graphics |

Close Window

Page-break after each Student when printed?

Student Immunization/Requirements (C) is Completed, (O) is Overdue, (D) is due in 30 days

| Name Gender | | | Age | | | | В | irthDate | Active | |
|---------------------|--|---------------|--------|---------|--------------|---------------|---------|---------------|--------|--------|
| Baker, Karen Female | | 4 yrs, 1 mths | | | 4 | /5/2013 | Yes | | | |
| Name | Name Ca | | Date 1 | | Date 2 | Date 3 | | Date 4 | Date 5 | Date 6 |
| DTP | Immunization Immunization Immunization | | (C) 6/ | /5/2013 | (C) 8/5/2013 | (C) 10/5/2013 | | (C) 7/5/2014 | | |
| HIB | | | (C) 6/ | /5/2013 | (C) 8/5/2013 | (C) 10 | /5/2013 | (C) 7/5/2014 | | |
| Polio | | | (C) 6/ | 5/2013 | (O) 8/5/2013 | (O) 4/ | 5/2015 | (O) 4/5/2016 | | |
| MMR | | | (C) 7/ | /5/2014 | | | | | | |
| Chicken Pox | | | (C) 4/ | /5/2015 | | | | | | |
| Annual Physical | Medical Requirement | | (C) 4/ | 5/2014 | (C) 4/5/2015 | (C) 4/ | 5/2016 | (D) 6/22/2017 | | |