

FLORIDA DEPARTMENT OF EDUCATION  
 DOE INFORMATION DATABASE REQUIREMENTS VOLUME I:  
 AUTOMATED STUDENT INFORMATION SYSTEM  
 AUTOMATED STUDENT DATA ELEMENTS

Year: 2017-18

Data Element Number: **132025**

Data Element Name: **Immunization Status**

Certification that the student has complied with the immunization requirements of Section 1003.22, F.S., by filing the appropriate DH form with the school district.

**Code Definition/Example**

**Current Codes**

0	Students in virtual instruction programs who do not come to a district school building for any activities and for whom none of the other codes apply. No form is needed for this code. This code can also be used locally for students who do not participate in school activities on a school campus (for example, some Home Education students and migrant non-enrolled students).
1	Permanent immunization certificate documenting general immunization requirements. Use form DH 680, Part A - Complete.
2	Temporary medical exemption requiring follow-up. Use form DH 680, Part B - Temporary.
3	Permanent medical exemption. Use form DH 680, Part C - Permanent.
4	Permanent religious exemption. Use form DH 681.
8	Permanent immunization certificate documenting seventh grade requirements. Use form DH 680 or Part A - complete
W	Enrolled in this district for fewer than 31 days per section 1003.22 (5)(e), F.S.
X	Enrolled in a Juvenile Justice program fewer than 31 days per section 1003.22 (5)(e), F.S.
Y	For children and youths who are experiencing homelessness and children who are known to the department (as defined in s. 39.0016, F.S.) enrolled in this district fewer than 31 days per section 1003.22(5)(e), F.S.

**Obsolete Codes**

5	(a) Permanent immunization certificate (680A) and  (b) second dose of measles vaccine documentation or physician's note documenting measles disease or laboratory evidence of measles immunity  Use form DH or HRS 680 and Code 1
6	(a) Temporary medical certificate (680B) requiring follow-up and  (b) second dose of measles vaccine documentation or physician's note documenting measles disease or laboratory evidence of measles immunity  Use form DH or HRS 680 and Code 2.
7	(a) Permanent medical exemption (680C) and  (b) second dose of measles vaccine documentation or physician's note documenting measles disease or

Data Element Number: **132025**

Data Element Name: **Immunization Status**

laboratory evidence of measles immunity

Use form DH or HRS 680 and Code 3.

**Length:** 1

**Data Type:** Alphanumeric

**Year Implemented:** 9495

**State Standard:** Yes

**Use Types:**

State Reporting: Yes

Local Accountability: Yes

FASTER: Yes

Migrant Tracking: No

**Required Grades:** PK-12

**Programs Required:**

All Programs

**Formats Required:**

Federal/State Indicator Status DB9 22x

**Surveys Required:**

Survey 2 Yes

Survey 3 Yes

Survey 5 Yes

**Appendixes:**

None

**Description of Changes:**

7/1/2016	Codes	Code '0' redefined with categories listed in new codes W,X,Y. Deleted 'HRS' reference in code 8.
7/1/2016	Definition	Deleted reference to "HRS" (no longer valid).
7/1/2015	Surveys Required	Survey 7 Removed from Required Surveys
6/1/2012	Codes	Added a sentence to the explanation of code 0 regarding students who do not come to a school campus.

Data Element Number: **132025**

Data Element Name: **Immunization Status**

---