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

| Element Name: Vaccin | Vaccine Certificate Expiration, Date | | | | | | | |
|---|--------------------------------------|--------------|-----------------------|-------------------|-------------|----------|-------|--|
| Definition/Domain | | | | | | | | |
| The month, day and year the student's temporary medical exemption (DH or HRS 680 - Part B) expires. The date is 15 days after the student's next scheduled doctor's appointment to receive the next vaccination. | | | | | | | | |
| YYYYMMDD | Example: | 19911110 | Temporary November | | exemption | expires | on | |
| | Example: | 0000000 | No vaccine due. | | | | | |
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| Length: 8 | | Grades a | nd Program | s Requiring | This Data E | lement: | | |
| Format: Alphanumeric | All Prog | grams Grades | - | <u>o noquinig</u> | | | | |
| Compatibility Requirement | : | | | | | | | |
| Compatible | | | | | | | | |
| Use Types: | | State Repo | orting Forma | ts Requirin | g This Data | Element: | | |
| State Report | None | | | | | | | |
| ☑ Local Accountability | | | | | | | | |
| F.A.S.T.E.R. | | | | | | | | |
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| Data Element Number: | | | | | | | | |
| 184000 | Report | ed in Survey | Periods: [|]1 []2 | |]4 □5 | 9 | |
| Revised: 10/01 | | Volume I | Effec | tive: 7/03 | Page | Number: | 166-5 | |