

Immunization Batch Report (Montana)

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The **Immunization Batch Report** will provide a view of selected students' immunizations. The Immunization Batch report uses data that is entered on a student's Immunization tab. Data should be up to date on this tab for the report to appear correctly.

In order for the report to generate, all individuals included in the report must have a birth date entered on their Identity record. If a birth date is not entered, an error message displays after generating the report.

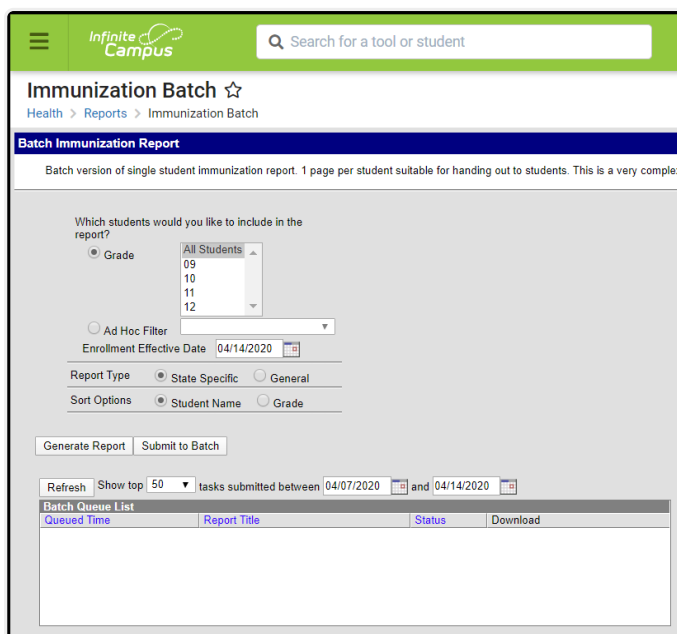


Image 1: Immunization Batch Report

This is a very complex report, so try to limit the number of students run per batch.

Report Logic

This report lists every student in the selected grade level and their immunization records that have been entered on the Student Health [Immunizations](#) tool.

Report Editor

The following fields are available.

Fields	Description
Student Selection	Choose students either by a Grade Level or an Ad hoc Filter . If by grade level, the list of grades is limited to those grade levels in the selected calendar in the Campus toolbar. If by ad hoc filter, only those students in the filter who are actively enrolled as of the entered enrollment effective date will be included in the report.
Enrollment Effective Date	Entered date returns immunization information for students who are actively enrolled as of that date. Dates are entered in mmddyy format or can be selected by using the calendar icon. If this field is left blank, the report uses the start and end dates of the selected calendar. This field defaults to the current date.
Report Type	State Specific - This option generates the student's information in the State of Montana Child Care Facility/School Certificate of Immunization format. General - This option generates the Immunization Summary Report which details the student's immunization dates and compliance for each vaccine.
Sort Options	The report can be sorted alphabetically by Student (last) Name or by Grade level , with the lowest grade level printing first.

Generate the Immunization Batch Report

1. Select the students to include in the report by selecting a **Grade Level** or an **Ad Hoc Filter** from the dropdown lists
2. Enter an **Effective Date** for the report.
3. Select the **Sort Options** for the report.
4. Click the **Generate Report** button.

The report will display in a PDF (Adobe) document listing the immunizations for the students in the selected calendar.

Student, Kevin M
 ID: 721 Grade: 08
 Birthday: 05/01/1995

Immunization Summary Report

07/09/2010 02:10:48 PM
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Diphtheria-tetanus-pertussis, combined [DTaP, DTP] - Compliant

Shots	07/10/1995	09/21/1995	11/02/1995	08/08/1996	03/23/2001	
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Tetanus-diphtheria [Td]

Shots	10/11/2006				
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Polio [IPV, OPV] - Compliant

Shots	07/10/1995	09/21/1995	11/02/1995	03/23/2001		
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Measles-Mumps Rubella [MMR] - Compliant

Shots	08/08/1996	03/23/2001	
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Measles-Mumps-Rubella-Varicella [MMRV]

No doses of this vaccine.

Hepatitis B [Hep B] - Compliant

Shots	05/01/1995	07/10/1995	11/02/1995
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Hepatitis B - 2 Dose [Hep B - 2 Dose]

No doses of this vaccine.

Hemophilus influenza, type B [Hib] - No Requirement

No doses of this vaccine.

Pneumococcal

No doses of this vaccine.

Varicella - No Requirement

Shots	08/09/1996	08/14/2008
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Measles

Image 2: Immunization Batch Report - Print

**STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL
CERTIFICATE OF IMMUNIZATION**

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I *PLEASE PRINT CLEARLY*

Child/Student's Name [REDACTED]	Birth Date 12/30/1998	Sex F	Primary Provider	
Name of Parent/Guardian [REDACTED]	Address [REDACTED]	City Butte	Telephone [REDACTED]	

SECTION II *IMMUNIZATION HISTORY*

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day and Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	03/05/1999	05/04/1999	07/27/1999	03/30/2000	06/11/2004
Booster Dose Td (Tdap recommended) (if given after 10th birth date)	03/21/2011				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	03/05/1999	05/04/1999	07/27/1999	03/30/2000	
Measles/Mumps/Rubella (MMR) or	01/10/2000	06/11/2004			
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	03/05/1999	05/04/1999	01/10/2000	06/11/2004	
Varicella (Chickenpox) [VZV or VAR] __ Check here if child has documentation of disease	01/10/2000	10/29/2008			

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day and Year of Each Dose				
	1	2	3	4	5
Hepatitis A	09/04/2002	02/01/2006			
Hepatitis B	12/30/1998	02/03/1999	10/05/1999		
Human Papillomavirus (HPV) - for adolescents	03/21/2011				
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 and later)	03/21/2011				
Pneumococcal Conjugate vaccine (PCV)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

Image 3: State-Specific Immunization Report