

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

Year: 2014-15

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 or HRS form with the school district.

**Code**                      **Definition/Example**

**Current Codes**

0	Enrolled in this district fewer than 31 days or enrolled in any Juvenile Justice education program fewer than 31 days under Section 1003.22(5)(e), F.S. Also use this code for 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 or HRS Part A - Complete.

**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 laboratory evidence of measles immunity  Use form DH or HRS 680 and Code 3.

Data Element Number: **132025**

Data Element Name: **Immunization Status**

---

**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

Survey 7 Default

**Appendixes:**

None

**Description of Changes:**

6/1/2012 Codes

Added a sentence to the explanation of code 0 regarding students who do not come to a school campus.