

IMMUNIZATION PRIMARY REVIEW SUMMARY - SECTION A

Initial Statistical Report

(For use by public, charter, alternative and private schools, preschools, head start and certified child care programs)

Demographic Information: This is information about your school or program. We use this information to contact you if we have questions. Please be neat and accurate. Thanks!

Name of School or Program: _____

Type of Program: public/charter school private school preschool/daycare head start

Address: _____ School District: _____

Phone: _____

Administrator's Name and Title: _____

Administrator's E-mail: _____

Name of Person Completing Report: _____

Grades or Ages Served: _____ Date of Report: _____

Do you use a computer system for tracking immunizations? Yes No

Name of computer system used: _____

This section should be completed with information for all of the children in your school or program.

Total enrollment

Children not to be counted

Adjusted enrollment

TIP:

Children not to be counted are those who attend both a school and a children's facility or more than one school or facility. Look on the back of this form for more details.

TIP:

Each child should be in only one category. So, if you add up all the categories, the number will equal the adjusted enrollment. If you need more information on what the categories mean, see the back of this form.

<input type="text"/>	Number complete
<input type="text"/>	Number up-to-date
<input type="text"/>	Number religious exemptions
<input type="text"/>	Number permanent medical exemptions
<input type="text"/>	Number temporary medical exemptions
<input type="text"/>	Number incomplete/insufficient
<input type="text"/>	Number no record

Congratulations on finishing Section A! If you have any children who have a temporary medical exemption, are incomplete/insufficient, or have no record, make sure you write them in on Section B (Page 2). Photocopy their immunization forms (CIS) or medical exemption request and submit with this report. Keep the yellow copy of this form and the blue copy of Section B (Page 2) for your records.

If **all** of your children are complete, up-to-date or have a religious exemption, you can complete any parts of Sections E-G (Page 3) that apply to your school or program and submit it with this report. Send the white copies of these forms to your health department. The yellow copies are for your records. You are finished for this review cycle! Thank you for your help.

REMEMBER - These forms need to be submitted to your local county health department!