

### 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

Name of school or program: Sample School  
Type of program: public/charter school  private school  preschool/daycare  head start   
Mailing address: 808 Se Pea St Beaverton OR 97123  
Physical address:  same as above OR \_\_\_\_\_  
Phone: 503-098-7654 School district: Beaverton School District  
Administrator's name: First Last  
Administrator's email: first.last@gmail.com  
Name of person completing report: First Last  
Email of person completing report: first.last@gmail.com  
Preferred language of person completing report: English  Spanish  Other \_\_\_\_\_  
Grades or ages served: prek-8 Date of report: 1/17/24  
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 counted	=	Adjusted enrollment
<input type="text" value="80"/>	<input type="text" value="0"/>	=	<input type="text" value="80"/>

- Number complete or up-to-date
- Number nonmedical exemptions  
-Include children with nonmedical exemptions for some or all vaccines.  
- Children who have a nonmedical exemption for some vaccines and are incomplete for others should be counted in the incomplete section.
- Number permanent medical exemptions
- Number temporary medical exemptions
- Number incomplete/insufficient  
-Include children who have nonmedical exemptions for some vaccines and are incomplete for others.  
-Include children who are incomplete or insufficient for required vaccines.
- Number no record

Children not to be counted are those who attend both a school and a children's facility or more than one school or facility.  
Each child in the adjusted enrollment should be in only one category below.

Send unreviewed medical exemptions to the health department. Do not send nonmedical exemptions unless requested by the health department.

Send copies of the records of children in red boxes to the health department, and list these children on page 2.

If there are no children in the red boxes, complete Sections E-H. Send all your forms in at one time.

**This page is due to to your local health department by January 17, 2024.**

**IMMUNIZATION PRIMARY REVIEW SUMMARY - SECTIONS B, C and D**  
Initial Statistical Report



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

Name of school or program: Sample School Date of report: 1/17/24

Name of person completing report: First Last Phone: 503-098-7654

B. FOR SCHOOL AND CHILDREN'S FACILITY USE		C. FOR HEALTH DEPARTMENT USE ONLY—Secondary Review			D. FOR SCHOOL AND CHILDREN'S FACILITY USE		
• List children alphabetically by category—incomplete, temporary medical exemption, and no record. • Attach copies of the children's Certificate of Immunization Status or medical exemption request. • Make copies if you need additional pages.		Parent's name and current mailing address	Exclusion order mailed? Y/N	Date	Vaccines	Date orders canceled	Excluded? Y/N
Child's name (Last name, First name)	Grade and birthdate						
Garden, Oliver	prek 6/2/20	Oliva Garden 555 Se Parm St, Portland OR 97202					
<input type="checkbox"/> Check if no record							
Grey, Earl	7th 3/3/10	Chamomile Tea 800 Ne Oregon St, Portland OR 97232					
<input type="checkbox"/> Check if no record							
Red, Ruby	prek 2/28/20	Gem Red 765 NW Mine St Portland OR 97204					
<input type="checkbox"/> Check if no record							
Greene, Forest	k 3/2/18	Leafy Greene 1234 Se Abc St, Portland OR 97202					
<input checked="" type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							

**Section B on this page is due to the local health department by January 17, 2024. Section D is due by March 4, 2024. Ensure this form is sent securely if being emailed.**

**IMMUNIZATION PRIMARY REVIEW SUMMARY**  
**SECTION E: Preschool, Child Care, Head Start**

Name of school or program: Sample School Date of report: 3/3/24  
 Name of person completing report: First Last  
 Phone: 503-098-7654 Email: first.last@gmail.com

**Complete this page only for children younger than kindergarten. This page is due to the health department no later than March 4, 2024. You can turn in this page early if all of your children are complete for vaccines or have exemptions on file.**

1. How many children younger than kindergarten were excluded on Exclusion Day?
2. What is your total enrollment?
3. How many children are not counted?
4. How many children are 18 months or younger?
5. What is your adjusted enrollment?
- Fill in the questions below for the children in your adjusted enrollment:**
6. How many children have no record?
7. How many children have a medical exemption?
8. How many children have a nonmedical exemption?
9. How many nonmedical exemptions are from:
  - the online module?
  - a health care practitioner?

**Total enrollment** is the number of children currently enrolled in your site who are younger than kindergarten. Do not include anyone who enrolled after January 17, 2024.

**Children not counted** are counted by another school or child care.

**Adjusted enrollment** is your total enrollment, minus the children not counted, and minus the children who are 18 months or younger (Question 2 minus Question 3 minus Question 4).

<b>For children in the adjusted enrollment, fill in the number of who have vaccines and exemptions</b>			
<i>Number of children with vaccines</i>		<i>Number of children with nonmedical exemptions</i>	
DTaP (4 or more doses)	9	DTaP nonmedical exemptions	1
Polio (3 or more doses)	9	Polio nonmedical exemptions	1
Varicella (1 or more dose or history of chickenpox disease)	8	Varicella nonmedical exemptions	2
MMR (1 or more dose)	9	MMR nonmedical exemptions	1
Hepatitis B (3 or more doses)	9	Hepatitis B nonmedical exemptions	1
Hepatitis A (1 or more dose)	9	Hepatitis A nonmedical exemptions	1
Hib (Complete for Hib, or the child is 5 years old or older)	9	Hib nonmedical exemptions	1
All (Child has all the above doses)	8	All (Child has a nonmedical exemption for all vaccines)	1

# IMMUNIZATION PRIMARY REVIEW SUMMARY

## SECTIONS F, G, AND H

**This page is due to the local health department no later than March 4, 2024. You can turn in this page early if all of your students are complete for vaccines or have exemptions.**

Name of school or program: Sample School Grades: prek-8  
 Name of person completing report: First Last Date of report: 1/17/24  
 Phone: 503-098-7654 Email: First.last@gmail.com

Fill out this page using the current immunization status of students. Do not include students enrolled after **January 17, 2024**.

<b>How many students in grades K-12 were excluded on Exclusion Day? 0</b>			
	Section F: Kindergarten	Section G: 7 <sup>th</sup> Grade	Section H: Full School Grades K-12 (including students in Sections F & G)
Total enrollment	10	8	70
Students not counted	0	0	0
Adjusted enrollment ( <i>Total enrollment minus students not counted equals adjusted enrollment</i> )	10	8	70
No record	0	0	0
Medical exemptions	0	0	0
Nonmedical exemptions	1	1	5
How many nonmedical exemptions are from:			
• the online module	1	1	5
• a health care practitioner	0	0	0

**Fill in the number of children in your adjusted enrollment who have vaccines and exemptions for each grade.**

	Kindergarten		7 <sup>th</sup> Grade		Full School K-12	
	Number with vaccines	Number with nonmedical exemptions	Number with vaccines	Number with nonmedical exemptions	Number with vaccines	Number with nonmedical exemptions
<b>DTaP:</b> <i>Grades K-6:</i> 5 doses, or 4 if the last dose is given at 4 years old or older; or <b>Tdap:</b> <i>Grades 7-12:</i> 1 dose Tdap	10	0	7	1	65	5
<b>Polio:</b> 4 doses, or 3 if the last dose is given at 4 years old or older	10	0	7	1	68	2
<b>Varicella:</b> 1 or more dose, or history of chickenpox disease	9	1	7	1	68	2
<b>MMR1:</b> 1 or more dose	10	0	7	1	69	1
<b>MMR2:</b> 2 doses of MMR or measles	9	1	7	1	68	2
<b>Hepatitis B:</b> 3 doses	10	0	7	1	69	1
<b>Hepatitis A:</b> 2 doses	9	1	7	1	65	5
<b>All:</b> Student has all vaccines or all nonmedical exemptions	9	0	7	1	65	1