PUBLIC HEALTH DIVISION

Immunization Program

**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: |       | Date of report: |       |
| Name of person completing report: |       | Phone: |       |

|  |  |  |
| --- | --- | --- |
| 1. 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.
 | 1. FOR HEALTH DEPARTMENT USE ONLY—Secondary Review

Reviewer:       | 1. FOR SCHOOL AND CHILDREN’S FACILITY USE

Fill in the columns below as records are updated. |
| Child’s name(Last name, First name) | Grade and birthdate | Parent’s name and current mailing address | Exclusion order mailed?Y/N | Date | Vaccines | Date orders canceled | Excluded?Y/N |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |
|      [ ]  Check if no record |       |       |       |       |       |       |       |

REMEMBER - Keep the bottom copy of this form and submit the rest to your local county health department. Ensure this form is sent securely if being emailed.

OHA 53-04B (8/18)

Page 2 of 4

# Instructions for Immunization Primary Review Summary Page 2 - Section B, Initial Statistical Report

First fill out the demographic information for the school or facility. Please be sure to include the phone number and the name of the person completing the report. If the health department has questions, they will call you. Then, move on to Section B, labeled “FOR SCHOOL AND CHILDREN’S FACILITY USE”.

In Section B, list children who are incomplete or insufficient, children with medical exemptions needing review, and children with no record. List in that order and arranged alphabetically. For children with no record, mark the “Check if no record” box in the “Child’s name” column. Please include their grade level and birthdate, since that affects which shots they need. If a child is younger than kindergarten age use “P” for preschool.

In the next column list the name and address of the child’s parent or guardian. Accuracy is extremely important since this is where the exclusion order will be mailed. If you prefer, you can stick a mailing label with the information in the designated space.

Tear off the back page (blue or gold) of the report. This copy is for your records. The remaining copies (white, yellow, pink) need to be sent in to the health department with the other pieces of the report by the due date.

# Photocopying Records

Next, for children who are incomplete or insufficient, make a photocopy of their Certificate of Immunization Status (CIS) form and any other immunization documentation in their record. For children who have a temporary medical exemption needing review, photocopy their CIS form and any documentation of the medical exemption.

Arrange the photocopies so the records are in the same order that children appear on the list in Section B. This makes the records easier for the health department to review.

# Updating Records and Canceling Exclusion Orders Page 2 - Section D, Initial Statistical Report

As soon as exclusion orders are issued from the county health department, they will send the white and yellow copies of page 2 back to you. They will keep the pink copy of the forms. As parents come in and update their child’s record, write in column D the date that they provided the needed information. If the child’s record was not updated until the start of school or child care on Exclusion Day, write yes in the “excluded” box. The top (white) copy needs to be turned in to the health department by 12 days after Exclusion Day.

Please keep your copies of the report for one year. As soon as you fill in this year’s report, you can recycle last year’s.