

IMMUNIZATION PRIMARY REVIEW SUMMARY SECTIONS E, F, AND G

Follow-Up Statistical Report

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

THIS SECTION IS DUE TO YOUR COUNTY HEALTH DEPARTMENT NO LATER THAN 12 DAYS AFTER EXCLUSION DAY.

Name of school or program: _____ Date of report: _____

Name of person completing report: _____

Phone: _____ Email: _____

E. Preschool, Child Care, Head Start

How many children younger than kindergarten were excluded on Exclusion Day? _____

- Complete for children younger than kindergarten
Total enrollment: _____
Children not counted: _____
Children ≤ 18 months of age: _____
Adjusted enrollment: _____

Count only children 19 months and older in sections 2-4 below:

- Fill in the number of children with:
No record: _____
Medical exemptions: _____
Nonmedical exemptions: _____
How many of the nonmedical exemptions are from:
• the online module _____
• a health care practitioner _____
- Fill in the number of children with the indicated number of doses

DTaP (4+ doses) Polio (3+ doses)

Varicella (1+ dose or disease history) MMR (1+ dose)

Hep B (3+ doses) Hep A (1+ dose)

Hib (Complete or 5 years old) All (Child has received all of the above doses)

- Fill in the number of children with a nonmedical exemption for each vaccine

D/T/P	<input type="text"/>	Polio	<input type="text"/>
Varicella	<input type="text"/>	Measles	<input type="text"/>
Mumps	<input type="text"/>	Rubella	<input type="text"/>
Hep B	<input type="text"/>	Hep A	<input type="text"/>
Hib	<input type="text"/>	All (Child has a nonmedical exemption for all vaccines)	<input type="text"/>

F. Kindergarten

- Complete for students in kindergarten
Total Enrollment: _____
Children not counted: _____
Adjusted enrollment: _____

- Fill in the number of kindergartners with:
No record: _____
Medical exemptions: _____
Nonmedical exemptions: _____
How many of the nonmedical exemptions are from:
• the online module _____
• a health care practitioner _____

- Fill in the number of kindergartners with the indicated number of doses

DTaP (5 doses, or 4th after age 4) Polio (4 doses, or 3rd after age 4)

Varicella (1+ dose or disease history) MMR (1+ dose)

Measles (2nd MMR completes this requirement) Hep B (3+ doses)

Hep A (2 doses) All (Student has received all of the above doses)

- Fill in the number of kindergartners with a nonmedical exemption for each vaccine

D/T/P	<input type="text"/>	Polio	<input type="text"/>
Varicella	<input type="text"/>	Measles	<input type="text"/>
Mumps	<input type="text"/>	Rubella	<input type="text"/>
Hep B	<input type="text"/>	Hep A	<input type="text"/>
All (Student has a nonmedical exemption for all vaccines)	<input type="text"/>		

G. Seventh Grade

- Complete for students in 7th grade
Total Enrollment: _____
Children not counted: _____
Adjusted enrollment: _____

- Fill in the number of 7th graders with:
No record: _____
Medical exemptions: _____
Nonmedical exemptions: _____
How many of the nonmedical exemptions are from:
• the online module _____
• a health care practitioner _____

- Fill in the number of 7th graders with the indicated number of doses

Tdap (1 dose) Polio (4 doses, or 3rd after age 4)

Varicella (1+ dose or disease history) MMR (1+ dose)

Measles (2nd MMR completes this requirement) Hep B (3+ doses)

Hep A (2 doses) All (Student has received all of the above doses)

- Fill in the number of 7th graders with a nonmedical exemption for each vaccine

D/T/P	<input type="text"/>	Polio	<input type="text"/>
Varicella	<input type="text"/>	Measles	<input type="text"/>
Mumps	<input type="text"/>	Rubella	<input type="text"/>
Hep B	<input type="text"/>	Hep A	<input type="text"/>
All (Student has a nonmedical exemption for all vaccines)	<input type="text"/>		

Instructions for Immunization Primary Review Summary

Page 3 - Sections E, F, G, Follow-Up Statistical Report

Complete the appropriate section that corresponds with the ages and grades of children in your school/facility. Complete after the records of all children have been updated, or by 12 days after exclusion day (even if all the records have not yet been updated), whichever comes first.

If children have left your school or facility since you turned in the initial report, do not count them in the follow-up report. If children have enrolled in your school or facility since the initial report, do not count them. These children will be counted in the next review cycle.

How many children younger than kindergarten were excluded on Exclusion Day?:

This is the number of children younger than kindergarten who were excluded at the start of the day on Exclusion Day. Record the number of school-age children who were excluded on Section H, Page 4. Also fill out which children were excluded in Section D, Page 2.

Total enrollment:

This is the total number of children in the specific section.

Children not counted:

Children who attend both a school and a child care facility are not counted by the child care. Children who attend more than one school or facility and spend more time at the other site should be included in this number.

Children \leq 18 months of age:

This is the number of children 18 months of age or younger. This is asked for in Section E only.

Adjusted enrollment:

This is the total number of children **minus** the children not counted **and minus** the children 18 months of age or younger.

No record:

Children who have no immunization records on file should be counted here.

Medical exemptions:

Any child that has a temporary or permanent medical exemption should be counted here.

Nonmedical exemptions:

Any child that has a nonmedical exemption, whether for one or all vaccines, should be counted here.

How many nonmedical exemptions are from:

Enter the number of children with a nonmedical exemption that have documentation from the following categories: the online vaccine education module or a health care practitioner.

Nonmedical exemptions by vaccine: Count the number of children who have a nonmedical exemption for each of the vaccines listed on the form. In the *All* category, count the number of children with nonmedical exemptions for all vaccines (and count these children in the individual vaccine categories also).

DTaP, Tdap, Polio, Varicella, MMR, Measles, Hepatitis B, Hepatitis A, Hib:

Enter the number of children per section that meet the specific number of doses listed in parentheses ().

All:

Enter the number of children per section that have all of the vaccine doses listed or history of disease. Children missing doses and/ or with exemptions will not be counted in this number.

Tear off the back (yellow) copy of the form. This is for your records for one year. The top (white) copy of this form, the top copy of Section H (if you have any grades K-12 at your school) and the top copy of Sections B, C and D need to be turned in to the health department by 12 days after Exclusion