

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

F. Kindergarten

G. Seventh Grade

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: _____

- Fill in the **number of children older than 18 months and younger than kindergarten** 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:
 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 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"/>

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

- Fill in the number of kindergarten students 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 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 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"/>		

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

- Fill in the number of 7th grade students 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 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 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

Fill out the demographic information for the school or children's facility. Complete the appropriate section that corresponds with the ages and grades of children in your school/facility.

This page tells us the final status of the children in your school or program **after** all records have been updated. Please complete this page after the records of all children needing updates have been updated, or by 12 days after exclusion day (even if all children's records have not yet been updated), whichever comes first.

Only count the children who are in the grade or age group that the section is asking about. For example, if you are filling out Section F, only count children enrolled in kindergarten. **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.

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 (). Hib is for Section E only.

All:

Enter the number of children per section that have all of the vaccine doses listed or history of disease. If a child is missing one or more doses, do not count them in this number. Children with exemptions will not be counted in this number.

No record:

Children who have no immunization records on file should be counted here. If all of the records have been updated, this number should be zero.

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).

Once you have completed the sections for the ages/grades you serve, tear off the back (yellow) copy of the form. This is for your records. 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 Day. Please keep your copies of the report for one year.