

### 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: \_\_\_\_\_  
Type of program: public/charter school  private school  preschool/daycare  head start   
Mailing address: \_\_\_\_\_  
Phone: \_\_\_\_\_ School district: \_\_\_\_\_  
Administrator's name and title: \_\_\_\_\_  
Administrator's email: \_\_\_\_\_  
Name of person completing report: \_\_\_\_\_  
Email 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.*

Number complete or up-to-date

Number nonmedical exemptions

-Include children with nonmedical exemptions for all vaccines, and  
-Include children who have a nonmedical exemption for some vaccines and are complete or up-to-date for other required vaccines.

Number permanent medical exemptions

Number temporary medical exemptions

Number incomplete/insufficient

-Include children who have nonmedical exemptions for some vaccines and are incomplete or insufficient for others, and  
-Include children who are incomplete or insufficient for required vaccines.

Number no record

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

- Keep the yellow copy of this form.
- If you have children in your program who are incomplete or have no record, complete Section B (Page 2) and attach copies of the immunization records.
- If **all** of the children in your program are complete, up-to-date or have a nonmedical exemption for each vaccine, complete Sections E-H. Send all your forms in to the health department at once.

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

## Instructions for Immunization Primary Review Summary Page 1 - Section A, Initial Statistical Report

First, fill out the demographic information for the school or children's facility. Please be sure to include the phone number, email address and the name of the person completing the report. If the county health department has questions, they will contact you. Then, move on to the next section.

Total enrollment:	This is the total number of children in your school or children's facility. Please include everyone, even children you are not required to report.
Children not to be counted:	Children who attend both a school and a child care facility are not counted by the child care. Include children who attend another school or facility and spend more time at the other site in the "children not to be counted" number.
Adjusted enrollment:	This is the total enrollment number minus the children not to be counted. On this page, do not subtract children 18 months and younger.

The next section asks that you place each of the children in your adjusted enrollment into one of six categories. If you add up all six categories, they should equal the adjusted enrollment number. Before you fill out this section, it is recommended that schools/children's facilities look up children's immunization records in ALERT IIS if they are incomplete or there is no record.

Number complete or up-to-date:	Children in this category have all of the shots required for their grade level, or they are not done with their shots, but they do not need any right now.
Number nonmedical exemptions:	Any child who has a nonmedical exemption for all vaccines should be counted in this category. Also count any child with nonmedical exemptions for one or more vaccines who is up-to-date or complete for other required vaccines.
Number permanent medical exemptions:	Any child who has a medical exemption that has been determined by the health department to be permanent and indicates that the child will never be able to receive the vaccine should be counted in this category.
Number temporary medical exemptions:	Any child who has a medical exemption that is for a limited period of time and has an expiration date, or a medical exemption that has not yet been <b>reviewed by the local health department</b> should be counted in this category.
Number incomplete or insufficient:	Children who are missing vaccines for which they have not claimed exemptions, or whose records need correction, should be counted in this category. This category also includes children whose Certificate of Immunization Status (CIS) forms have not been signed. This category also includes children who have nonmedical exemptions for one or more vaccines and are incomplete for other vaccines. It also includes nonmedical exemptions that are missing the Vaccine Education Certificate.
Number no record:	Children who have no immunization records on file with the school or children's facility should be counted in this category.

If your school/facility **has one or more** children who are incomplete, insufficient, no record or have a medical exemption needing review, you need to complete page 2.

If your school/facility **does not have any** children who are incomplete, insufficient, no record or have a medical exemption needing review, you do not need to complete page 2. You still need to complete pages 3 and 4, and can send these pages in with page 1.

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