

## 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.**

*Demographic Information: This is information about your school or program. We use this information to contact you if we have questions. Please be neat and accurate. Thanks!*

Name of School or Program: \_\_\_\_\_  
 Name of Person Completing Report: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Report: \_\_\_\_\_

#### E. PRESCHOOL/DAY CARE/HEAD START

Complete only for children less than kindergarten.

Total enrollment: \_\_\_\_\_  
 Children not counted: \_\_\_\_\_  
 Children ≤ 18 months of age: \_\_\_\_\_  
 Adjusted enrollment: \_\_\_\_\_

**TIP:** Adjusted enrollment equals total enrollment minus children not counted and minus children 18 months or younger. Fill in this section below the dotted line using only kids counted in the adjusted enrollment.

No Record: \_\_\_\_\_  
 Religious exemptions: \_\_\_\_\_  
 Medical exemptions: \_\_\_\_\_

**D/T**   
 (4+ doses)

**Hepatitis B**   
 (3 doses)

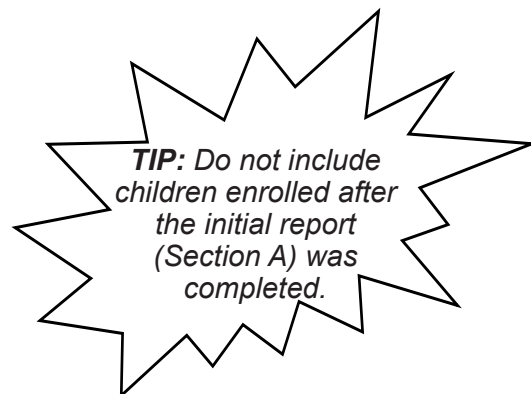
**Polio**   
 (3+ doses)

**Varicella**   
 (1 dose or disease history)

**MMR**   
 (1 dose)

**ALL**   
 (Child has received all of the above doses)

**HIB**   
 (3+ doses, or no more needed)



#### F. KINDERGARTEN

Complete only for children in kindergarten.

Total enrollment: \_\_\_\_\_  
 Children not counted: \_\_\_\_\_  
 Adjusted enrollment: \_\_\_\_\_

How many kindergarteners were excluded this year? \_\_\_\_\_

No Record: \_\_\_\_\_  
 Religious exemptions: \_\_\_\_\_  
 Medical exemptions: \_\_\_\_\_

**D/T**   
 (4 - 5 doses, 1 dose after age 4)

**Hepatitis B**   
 (3 doses)

**Polio**   
 (3 - 4 doses, 1 dose after age 4)

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

**MMR**   
 (1 dose)

**2nd Measles**   
 (2nd MMR completes this requirement)

**ALL**   
 (Child has received all of the above doses)

#### G. SEVENTH GRADE

Complete only for children in the 7th grade.

Total enrollment: \_\_\_\_\_  
 Children not counted: \_\_\_\_\_  
 Adjusted enrollment: \_\_\_\_\_

How many 7th graders were excluded this year? \_\_\_\_\_

No Record: \_\_\_\_\_  
 Religious exemptions: \_\_\_\_\_  
 Medical exemptions: \_\_\_\_\_

**D/T**   
 (4 - 5 doses, 1 dose after age 4)

**Hepatitis B**   
 (3 doses)

**Polio**   
 (3 - 4 doses, 1 dose after age 4)

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

**MMR**   
 (1 dose)

**2nd Measles**   
 (2nd MMR completes this requirement)

**ALL**   
 (Child has received all of the above doses)

Congratulations on finishing Sections E through G! Please submit the white copy of this form and of Section B (Page 2) to the county health department. The yellow copies are for your records. Thanks!

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