

## 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)

*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: \_\_\_\_\_

Type of Program: public/charter school  private school  preschool/daycare  head start

Address: \_\_\_\_\_ School District: \_\_\_\_\_

Phone: \_\_\_\_\_

Administrator's Name and Title: \_\_\_\_\_

Administrator's E-mail: \_\_\_\_\_

Name 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  
 Number up-to-date  
 Number religious exemptions  
 Number medical exemptions  
 Number incomplete/insufficient  
 Number no record

Congratulations on finishing Section A! If you have any children who have a medical exemption, are incomplete/insufficient, or have no record, make sure you write them in on Section B (Page 2). Photocopy their immunization forms (CIS) or medical exemption request and submit with this report. Keep the yellow copy of this form and the blue copy of Section B (Page 2) for your records.

If **all** of your children are complete, up-to-date or have a religious exemption, you can complete any parts of Sections E-G (Page 3) that apply to your school or program and submit it with this report. Send the white copies of these forms to your health department. The yellow copies are for your records. You are finished for this review cycle! Thank you for your help.

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