

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 program. We use this information to contact you if we have questions. Please be neat and accurate. Thanks!

Name of school or program: Corbett Arts Program w/ Spanish: 6-8

Name of person completing report: Nicole Tong

Phone: _____ Date of Report: 03/02/2020 Assessment Date: 03/02/2020

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>0</u>	Total Enrollment: <u>28</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>28</u>
Adjusted Enrollment: <u>0</u>		
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>0</u> Polio <u>0</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>23</u> Polio <u>23</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)	Varicella <u>23</u> Measles <u>24</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)	2nd Measles <u>24</u> Rubella <u>24</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)	Mumps <u>24</u> Hepatitis B <u>22</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>22</u> All <u>21</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>7</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>0</u>	• the online module <u>7</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
• a religious exemption signed prior to 3/1/14 <u>0</u>	• a religious exemption signed prior to 3/1/14 <u>0</u>	• a religious exemption signed prior to 3/1/14 <u>0</u>
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>5</u> Polio <u>5</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>5</u> Measles <u>4</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>4</u> Mumps <u>4</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>6</u> Hepatitis A <u>6</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>0</u> (Student has a nonmedical exemption for all vaccines)	All <u>4</u> (Student has a nonmedical exemption for all vaccines)

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

**IMMUNIZATION PRIMARY REVIEW SUMMARY
 SECTION H**

Follow-Up Statistical Report

(For use by public, charter, alternative and private schools Kindergarten through 12th Grade)

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!

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Phone: _____ Date of Report: 03/02/2020 Assessment Date: 03/02/2020

H. All Students enrolled at this school in grades K-12

Complete for entire student body, grades K-12.
 Grades served at this school (mark all that apply) :

Grades Served: 06,07,08

Total Enrollment : 64

Students not counted : 0

Adjusted Enrollment : 64

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	<input type="text" value="55"/>	Polio	<input type="text" value="54"/>
Varicella	<input type="text" value="55"/>	Measles	<input type="text" value="54"/>
Mumps	<input type="text" value="58"/>	Rubella	<input type="text" value="58"/>
Hep B	<input type="text" value="52"/>		

Number of students in K through 1st grade (these students are required to have Hep A vaccine)

Number of students in K through 1st grade who are complete for Hep A vaccine

Number of students with **all** the vaccines required for their grade

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 14

How many nonmedical exemptions are from :

- the online module 14

- a health care practitioner 0

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

D/T/P	<input type="text" value="9"/>	Polio	<input type="text" value="10"/>
Varicella	<input type="text" value="9"/>	Measles	<input type="text" value="10"/>
Mumps	<input type="text" value="6"/>	Rubella	<input type="text" value="6"/>
Hep B	<input type="text" value="12"/>	Hep A	<input type="text" value="12"/>

(only include students in K through 1st grade who have nonmedical exemptions for Hep A vaccine)

Number of students with a nonmedical exemption for **all** the vaccines required for their grade

* Not all immunizations are required for all grades. These numbers may not total to 100% if some children have medical exemptions, or are incomplete or in process with immunizations but do not need an exemption because they are on schedule