PUBLIC HEALTH DIVISION Immunization Program

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 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: K-5			
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	
Complete only for children younger than kindergarten	Complete only for students in kindergarten	Complete only for students in 7th grade	
Total Enrollment: 0	Total Enrollment: 19	Total Enrollment: 0	
Children not counted: 0	Children not counted: 0	Children not counted: 0	
Children ≤ 18 months of age: 0	Adjusted enrollment: 19	Adjusted enrollment: 0	
Adjusted Enrollment: 0	List the number of students with the	List the number of students with the	
List the number of children with the	indicated number of doses	indicated number of doses	
indicated number of doses	DTaP/Tdap 14 Polio 14	DTaP/Tdap 0 Polio 0	
DTaP/Tdap 0 Polio 0	(5 doses, or 4th after age (4 doses, or 3rd after age 4)	(1 dose after age 7) (4 doses, or 3rd after age 4)	
(4+ doses) (3+ doses)	Varicella 13 Measles 14	Varicella 0 Measles 0	
Varicella 0 Measles 0 (1 dose or disease (1+ dose) history)	(1+ dose or disease (1+ dose) history)	(1+ dose or disease (1+ dose) history)	
Rubella 0 Mumps 0	2nd Measles 14 Rubella 14	2nd Measles 0 Rubella 0	
(1+ dose) (1+ dose)	(1 dose) (1+ dose)	(1 dose) (1+ dose)	
Hepatitis B 0 Hepatitis A 0	Mumps 14 Hepatitis B 13	Mumps 0 Hepatitis B 0	
(3+ doses) (1+ dose)	(1+ dose) (3+ doses) Hepatitis A 13 All 13	(1+ dose) (3+ doses) Hepatitis A 0 All 0	
HIB 0 All 0 OCOMPLET OF STREET	(2 doses) (Student has received all	(2 doses) (Student has received all	
the above doses)	of the above doses)	of the above doses)	
Fill in the number of children with:	Fill in the number of students with:	Fill in the number of students with:	
No record: 0	No record: 0	No record:0	
Medical exemptions: 0	Medical exemptions: 0	Medical exemptions: 0	
Nonmedical exemptions: 0	Nonmedical exemptions: 6	Nonmedical exemptions: 0	
How many of the nonmedical exemptions are from:	How many of the nonmedical exemptions are from:	How many of the nonmedical exemptions are from:	
the online module 0	the online module 6	the online module 0	
a health care practitioner 0	a health care practitioner 0	a health care practitioner 0	
a religious exemption signed prior to 3/1/14 O	a religious exemption signed prior to 3/1/14	a religious exemption signed prior to 3/1/14	
Fill in the number of children with a	Fill in the number of students with a	Fill in the number of students with a	
nonmedical exemption for each vaccine	nonmedical exemption for each vaccine	nonmedical exemption for each vaccine:	
DTaP/Tdap 0 Polio 0	DTaP/Tdap 5 Polio 5	DTaP/Tdap 0 Polio 0	
Varicella 0 Measles 0	Varicella 6 Measles 5	Varicella 0 Measles 0	
Rubella 0 Mumps 0	Rubella 5 Mumps 5	Rubella 0 Mumps 0	
Hepatitis B 0 Hepatitis A 0	Hepatitis B 6 Hepatitis A 6	Hepatitis B 0 Hepatitis A 0	
HIB O All O	All 3	All 0	
(Child has a nonmedical exemption for all vaccines)	(Student has a nonmedical exemption for all vaccines)	(Student has a nonmedical exemption for all vaccines)	



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!			
Name of School or Program: Corbett Arts Program w/ Spanish: K-5			
Name of person completing report: Nicole Tong			
Phone: Date of Report: 03/02/2	2020 Assessment Date: 03/02/2020		
H. All Students enrolled at this school in grades K-12			
Complete for <u>entire</u> student body, grades K-12. Grades served at this school (mark all that apply):	Fill in the number of students with: No record: 0		
Grades Served: KG,01,02,03,04,05	Medical exemptions: 0		
Total Enrollment : 111	Nonmedical exemptions: 34		
Students not counted: 0	How many nonmedical exemptions are from:		
Adjusted Enrollment : 111	• the online module		
Fill in the total number of students who have all of	a health care practitioner _4		
the vaccines required for their grade level	Fill in the number of students with a nonmedical exemption for each vaccine		
D/T/P 87 Polio 84	D/T/P 24 Polio 27		
Varicella 86 Measles 80	Varicella 25 Measles 31		
Mumps 88 Rubella 88	Mumps 23 Rubella 23		
Hep B 82	Hep B 29 Hep A 27		
Number of students in K through1th grade (these students are required to have Hep A vaccine) Number of students in K through1th grade	(only include students in K through11th grade who have nonmedical exemptions for Hep A vaccine)		
who are complete for Hep A vaccine	Hep A vaccine)		
Number of students with <u>all</u> the vaccines required for their grade	Number of students with a nonmedical exemption for <u>all</u> 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			