

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 High School

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																																																												
<p><i>Complete only for children younger than kindergarten</i></p> <p>Total Enrollment: <u>0</u></p> <p>Children not counted: <u>0</u></p> <p>Children ≤ 18 months of age: <u>0</u></p> <p>Adjusted Enrollment: <u>0</u></p> <hr/> <p><i>List the number of children with the indicated number of doses</i></p> <table style="width:100%;"> <tr> <td>DTaP/Tdap <input type="text" value="0"/> (4+ doses)</td> <td>Polio <input type="text" value="0"/> (3+ doses)</td> </tr> <tr> <td>Varicella <input type="text" value="0"/> (1 dose or disease history)</td> <td>Measles <input type="text" value="0"/> (1+ dose)</td> </tr> <tr> <td>Rubella <input type="text" value="0"/> (1+ dose)</td> <td>Mumps <input type="text" value="0"/> (1+ dose)</td> </tr> <tr> <td>Hepatitis B <input type="text" value="0"/> (3+ doses)</td> <td>Hepatitis A <input type="text" value="0"/> (1+ dose)</td> </tr> <tr> <td>HIB <input type="text" value="0"/> (Complete or 5 yrs old)</td> <td>All <input type="text" value="0"/> (Child has received all of the above doses)</td> </tr> </table> <hr/> <p><i>Fill in the number of children with:</i></p> <p>No record: <u>0</u></p> <p>Medical exemptions: <u>0</u></p> <p>Nonmedical exemptions: <u>0</u></p> <p>How many of the nonmedical exemptions are from:</p> <ul style="list-style-type: none"> <li>• the online module <u>0</u></li> <li>• a health care practitioner <u>0</u></li> <li>• a religious exemption signed prior to 3/1/14 <u>0</u></li> </ul> <hr/> <p><i>Fill in the number of children with a nonmedical exemption for each vaccine</i></p> <table style="width:100%;"> <tr> <td>DTaP/Tdap <input type="text" value="0"/></td> <td>Polio <input type="text" value="0"/></td> </tr> <tr> <td>Varicella <input type="text" value="0"/></td> <td>Measles <input type="text" value="0"/></td> </tr> <tr> <td>Rubella <input type="text" value="0"/></td> <td>Mumps <input type="text" value="0"/></td> </tr> <tr> <td>Hepatitis B <input type="text" value="0"/></td> <td>Hepatitis A <input type="text" value="0"/></td> </tr> <tr> <td>HIB <input type="text" value="0"/></td> <td>All <input type="text" value="0"/></td> </tr> </table> <p style="text-align: center; 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**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 High School

Name of person completing report: Nicole Tong

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: 08,07,09,10,11,12

Total Enrollment : 459

Students not counted : 3

Adjusted Enrollment : 456

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="425"/>	Polio	<input type="text" value="436"/>
Varicella	<input type="text" value="440"/>	Measles	<input type="text" value="439"/>
Mumps	<input type="text" value="447"/>	Rubella	<input type="text" value="447"/>
Hep B	<input type="text" value="433"/>		

Number of students in K through 11th grade (these students are required to have Hep A vaccine)

Number of students in K through 11th 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 : 1

Medical exemptions : 0

Nonmedical exemptions : 38

How many nonmedical exemptions are from :

• the online module 38

• 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="29"/>	Polio	<input type="text" value="19"/>
Varicella	<input type="text" value="15"/>	Measles	<input type="text" value="16"/>
Mumps	<input type="text" value="8"/>	Rubella	<input type="text" value="8"/>
Hep B	<input type="text" value="22"/>	Hep A	<input type="text" value="23"/>

( only include students in K through 11th 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