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 Grade 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	
Complete only for children younger than kindergarten	Complete only for students in kindergarten	Complete only for students in 7th grade	
Total Enrollment: 29	Total Enrollment: 45	Total Enrollment: 0	
Children not counted: 0	Children not counted: 0	Children not counted: 0	
Children ≤ 18 months of age: 0	Adjusted enrollment: 45	Adjusted enrollment: 0	
Adjusted Enrollment: 29 List the number of children with the	List the number of students with the indicated number of doses	List the number of students with the indicated number of doses	
indicated number of doses	DTaP/Tdap 44 Polio 43	DTaP/Tdap 0 Polio 0	
DTaP/Tdap 27 Polio 26 (4+ doses)	(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)	
Varicella 26 Measles 27	Varicella 44 Measles 44	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 27 Mumps 27	2nd Measles 44 Rubella 44	2nd Measles 0 Rubella 0	
(1+ dose) (1+ dose)	(1 dose) (1+ dose)	(1 dose) (1+ dose)	
Hepatitis B 26 Hepatitis A 26	Mumps 44 Hepatitis B 43 (1+ dose) (3+ doses)	Mumps 0 Hepatitis B 0	
(3+ doses) (1+ dose) HIB 28 All 26	Hepatitis A 43 All 43	(1+ dose) (3+ doses) Hepatitis A 0 All 0	
(Complete or 5 yrs old) (Child has received all of	(2 doses) (Student has received all	(2 doses) (Student has received all	
Fill in the number of children with:	of the above doses) Fill in the number of students with:	of the above doses) Fill in the number of students with:	
		9895	
No record: 0 Medical exemptions: 0	No record: 0 Medical exemptions: 0	No record: 0 Medical exemptions: 0	
Nonmedical exemptions: 3	Nonmedical exemptions: 2	Nonmedical exemptions: 0	
How many of the nonmedical	How many of the nonmedical	How many of the nonmedical	
exemptions are from:	exemptions are from:	exemptions are from:	
• the online module 3	the online module 2	the online module 0	
a health care practitioner a religious exemption signed	a health care practitioner 0	a health care practitioner 0	
prior to 3/1/14 0	a religious exemption signed prior to 3/1/14 0	a religious exemption signed prior to 3/1/14	
Fill in the number of children with a nonmedical exemption for each vaccine	Fill in the number of students with a nonmedical exemption for each vaccine	Fill in the number of students with a nonmedical exemption for each vaccine:	
DTaP/Tdap 2 Polio 3	DTaP/Tdap 1 Polio 2	DTaP/Tdap 0 Polio 0	
Varicella 3 Measles 3	Varicella 1 Measles 1	Varicella 0 Measles 0	
Rubella 2 Mumps 2	Rubella 1 Mumps 1	Rubella 0 Mumps 0	
Hepatitis B 3 Hepatitis A 3	Hepatitis B 2 Hepatitis A 2	Hepatitis B 0 Hepatitis A 0	
HIB 1 All 1	All 1	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)	

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 Grade School			
Name of person completing report: Nicole Tong	il and the second secon		
Phone: Date of Report: <u>03/02/202</u>	20 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):	Fill in the number of students with: No record: 2		
Grades Served: PK,KG,01,02,03,04,05	Medical exemptions: 0		
Total Enrollment : 406	Nonmedical exemptions: 36		
Students not counted : 0	How many nonmedical exemptions are from:		
Adjusted Enrollment : 406	• the online module 36		
Fill in the total number of students who have all of the vaccines required for their grade level	a health care practitioner O Fill in the number of students with a nonmedical exemption for each vaccine		
D/T/P 376 Polio 375	D/T/P 28 Polio 29		
Varicella 381 Measles 375	Varicella 23 Measles 29		
Mumps 385 Rubella 385	Mumps 19 Rubella 19		
Hep B 378	Hep B 26 Hep A 28		
Number of students in K through1th grade (these students are required to have Hep A vaccine) Number of students in K through1th grade 375	(only include students in K through 1th grade who have nonmedical exemptions for Hep A vaccine)		
Number of students with all 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			