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: To you if we have questions. Plants | his is info ease be i | ermation about neat and accus | t your school pi rate. Thanks! | ogram. W | e use this in | formation to co | ntact |
|---|---------------------------------------|--|-----------------------------------|--|--|-------------------|-------------------------------------|
| Name of school or program: Co | | | | | | | |
| Name of person completing repo | | e Tong | | | | (9) | |
| Phone: | Date (| of Report: 03/ | 02/2020 | Asse | essment 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 Enrollmen | | 0 | Total Enrollm | | 2 |
| Children not counted: | 0 | Children not co | _ | 0 | Children not o | | 2 |
| Children ≤ 18 months of age: | 0 | Adjusted enrolli | ment: | 0 | Adjusted enro | ent: | 0 |
| Adjusted Enrollment: List the number of children with | 0 h 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 | ALL POLICE CO. | DTaP/Tdap | 0 Polio | 0 | DTaP/Tdap | 0 Polio | 0 |
| DTaP/Tdap 0 Polio (4+ doses) (3+ doses) | 0 | (5 doses, or 4th af | ter age (4 doses, or 4) | 3rd after age | (1 dose after ag | e 7) (4 doses, 4) | or 3rd after age |
| Varicella 0 Measles | 0 | Varicella | 0 Measles | 0 | Varicella | 0 Measles | 0 |
| (1 dose or disease (1+ dose) history) | | (1+ dose or diseas history) 2nd Measles | | | (1+ dose or dise history) | | r |
| Rubella 0 Mumps | 0 | (1 dose) | 0 Rubella (1+ dose) | 0 | 2nd Measles (1 dose) | (1+ dose) | 0 |
| (1+ dose) (1+ dose) Hepatitis B 0 Hepatitis A | 0 | Mumps [| 0 Hepatitis B | | Mumps | 0 Hepatitis | B 0 |
| Hepatitis B 0 Hepatitis A (3+ doses) (1+ dose) | [0] | (1+ dose) | (3+ doses) | ليتا | (1+ dose) | (3+ doses | |
| HIB 0 AII | 0 | Hepatitis A | 0 All | 0 | Hepatitis A | O All | |
| (Complete or 5 yrs old) (Child has rece the above dose | | (2 doses) | (Student has of the above | | (2 doses) | (Student h | as received all ve 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 exempt | | 0 | Medical exem | | 0 |
| Nonmedical exemptions: | 0 | Nonmedical exe | - | 0 | Nonmedical e | xemptions: | 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 mod | dule | 0 | • the online m | rodule | 0 |
| a health care practitioner | 0 | a health care; | practitioner | 0 | a health car | e practitioner | 0 |
| a religious exemption signed prior to 3/1/14 | 0 | a religious exe prior to 3/1/14 | emption signed | 0 | a religious e prior to 3/1/2 | exemption signed | 0 |
| Fill in the number of children with | Fill in the number of students with a | | | Fill in the number of students with a | | | |
| nonmedical exemption for each va | nonmedical exemption for each vaccine | | | nonmedical exemption for each vaccine: | | | |
| DTaP/Tdap 0 Polio | 0 | DTaP/Tdap | 0 Polio | 0 | DTaP/Tdap | 0 Polio | 0 |
| Varicella 0 Measles | 0 | Varicella | 0 Measles | 0 | Varicella | 0 Measles | 0 |
| Rubella 0 Mumps | 0 | Rubella | 0 Mumps | 0 | Rubella | 0 Mumps | 0 |
| Hepatitis B 0 Hepatitis A | 0 | Hepatitis B | 0 Hepatitis A | 0 | Hepatitis B | 0 Hepatitis | A 0 |
| HIB 0 AII | 0 | All [| 0 | | All | | |
| (Child has a n exemption for al | | | (Student has a exemption for | | | (Student ha | s a nonmedical 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.

| Name of School or Program: Corbett High School Name of person completing report: Nicole Tong | | | | |
|---|--|--|--|--|
| Phone: Date of Report: 03/02/20 | 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): Grades Served: 08,07,09,10,11,12 | Fill in the number of students with: No record : 1 | | | |
| Total Enrollment: 459 | Medical exemptions: 0 Nonmedical exemptions: 38 | | | |
| Students not counted : 3 Adjusted Enrollment : 456 | How many nonmedical exemptions are from: the online module a health care practitioner | | | |
| Fill in the total number of students who have all of the vaccines required for their grade level | Fill in the number of students with a nonmedical exemption for each vaccine | | | |
| D/T/P 425 Polio 436 | D/T/P 29 Polio 19 | | | |
| Varicella 440 Measles 439 | Varicella 15 Meastes 16 | | | |
| Mumps 447 Rubella 447 | Mumps 8 Rubella 8 | | | |
| Hep B 433 | Hep B 22 Hep A 23 | | | |
| Number of students in K through 1 th grade (these students are required to have Hep A vaccine) Number of students in K through 1 th grade who are complete for Hep A vaccine | (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 all the vaccines required for their grade | | | |