

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: Hayhurst E.S.			
Name of person completing report: Nicole Tong Phone: Date of Report: 03/02/20	20 Accessment Date: 02/02/0000		
	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: 0		
Grades Served: KG,01,02,03,04,05	Medical exemptions: 0		
Total Enrollment: 397	Nonmedical exemptions: 35		
Students not counted: 0	How many nonmedical exemptions are from :		
	• the online module 32		
Adjusted Enrollment : 397	• a health care practitioner 3		
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 378 Polio 376	D/T/P 16 Polio 19		
Varicella 377 Measles 377	Varicella 18 Measles 19		
Mumps 388 Rubella 388	Mumps 8 Rubella 8		
Hep B 362	Hep B 29 Hep A 22		
Number of students in K through 1 th grade (these students are required to have Hep A vaccine)	(only include students in K throught 1th grade who have		
Number of students in K through 1th grade who are complete for Hep A vaccine	nonmedical exemptions for 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 are incomplete or in process with immunizations but do not			

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: Hayhurst E.S.			
Name of person completing report: Nicole Tong			
Phone: Date of Report: 03/02/2020 Assessment Date: 03/02/2020			
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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: 68	Total Enrollment: 0	
Children not counted: 0	Children not counted: 0	Children not counted: 0	
Children ≤ 18 months of age: 0 Adjusted Enrollment: 0	Adjusted enrollment: 68	Adjusted enrollment: 0	
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 64 Polio 64	DTaP/Tdap 0 Polio 0	
DTaP/Tdap 0 Polio 0 (3+ doses)	(5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	(1 dose after age 7) (4 doses, or 3rd after age 4)	
Varicella 0 Measles 0	Varicella 64 Measles 67	Varicella 0 Measles 0	
(1 dose or disease (1+ dose) history)	(1+ dose or disease (1+ dose) history)	(1+ dose or disease (1+ dose)	
Rubella 0 Mumps 0	2nd Measles 66 Rubella 67	2nd Measles 0 Rubella 0	
(1+ dose) (1+ dose)	(1 dose) (1+ dose)	(1 dose) (1+ dose)	
Hepatitis B 0 Hepatitis A 0	Mumps 67 Hepatitis B 60 (1+ dose) (3+ doses)	Mumps 0 Hepatitis B 0 (1+ dose) (3+ doses)	
(3+ doses) (1+ dose) HIB 0 All 0	Hepatitis A 62 All 59	(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	
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:	
Medical exemptions: 0 Nonmedical exemptions: 0	Medical exemptions: 0 Nonmedical exemptions: 2	Medical exemptions: 0	
		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 2	the online module0	
a health care practitioner 0	a health care practitioner 0	a health care practitioner 0	
a religious exemption signed 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 0	
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 ronmedical exemption for each vaccine		Fill in the number of students with a nonmedical exemption for each vaccine:	
DTaP/Tdap 0 Polio 0	DTaP/Tdap 2 Polio 2	DTaP/Tdap 0 Polio 0	
Varicella 0 Measles 0	Varicella 2 Measles 1	Varicella 0 Measles 0	
Rubella 0 Mumps 0	Rubella 0 Mumps 0	Rubella 0 Mumps 0	
Hepatitis B 0 Hepatitis A 0	Hepatitis B 2 Hepatitis A 2	Hepatitis B 0 Hepatitis A 0	
HIB O All O	All 0	All	
(Child has a nonmedical exemption for all vaccines)	(Student has a nonmedical exemption for all vaccines)		