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: Mt Tabor M.S.				
Name of person completing report: Nicole Tong				
		essment Date: 03/02/2020		
Abdestinent Bate. Ocio2/2020				
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: 0	Total Enrollment: 270		
Children not counted: 0	Children not counted: 0	Children not counted: 0		
Children ≤ 18 months of age: 0	Adjusted enrollment: 0	Adjusted enrollment: 270		
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 0 Polio 0	DTaP/Tdap 250 Polio 247		
DTaP/Tdap 0 Polio 0 (4+ doses) (3+ 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 0 Measles 0	Varicella 0 Measles 0	Varicella 248 Measles 254		
(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	2nd Measles 249 Rubella 254		
(1+ dose) (1+ dose)	Mumps 0 Hepatitis B 0	(1 dose) (1+ dose) Mumps 254 Hepatitis B 243		
Hepatitis B 0 Hepatitis A 0 (3+ doses) (1+ dose)	(1+ dose) (3+ doses)	Mumps 254 Hepatitis B 243 (1+ dose) (3+ doses)		
HIB O All O	Hepatitis A 0 All 0	Hepatitis A 246 All 240		
(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) Fill in the number of children with:	of the above doses) Fill in the number of students with:			
No record: 0	No record: 0			
Medical exemptions: 0	Medical exemptions: 0	No record: 0 Medical exemptions: 0		
Nonmedical exemptions: 0	Nonmedical exemptions: 0	Nonmedical exemptions: 28		
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 0	the online module 0	the online module25		
a health care practitioner 0	a health care practitioner 0	a health care practitioner 3		
a religious exemption signed prior to 3/1/14 O	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	Fill in the number of students with a nonmedical exemption for each vaccine:		
DTaP/Tdap 0 Polio 0	DTaP/Tdap 0 Polio 0	DTaP/Tdap 20 Polio 22		
Varicella 0 Measles 0	Varicella 0 Measles 0	Varicella 22 Measles 21		
Rubella 0 Mumps 0	Rubella 0 Mumps 0	Rubella 16 Mumps 16		
Hepatitis B 0 Hepatitis A 0	Hepatitis B 0 Hepatitis A 0	Hepatitis B 26 Hepatitis A 22		
HIB 0 AII 0	All 0	All 14		
(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: Mt Tabor M.S.			
Name of person completing report: Nicole Tong			
Phone: Date of Report:03/02/203	20 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: <u>06,07,08,05</u>	Medical exemptions: 1		
Total Enrollment : 725	Nonmedical exemptions : 77		
Students not counted : 0	How many nonmedical exemptions are from:		
Adjusted Enrollment: 725	• the online module 68		
Fill in the total number of students who have all of the vaccines required for their grade level	a health care practitioner 10 Fill in the number of students with a nonmedical exemption for each vaccine		
D/T/P 674 Polio 668	D/T/P 49 Polio 55		
Varicella 677 Measles 675	Varicella 47 Measles 49		
Mumps 694 Rubella 694	Mumps 30 Rubella 30		
Hep B 652	Hep B 69 Hep A 58		
Number of students in K through 1th grade (these students are required to have Hep A vaccine) Number of students in K through 1th grade who has nonmedical exemptions for the p A vaccine Hep A vaccine Number of students in K through 1th grade who are complete 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 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			