

IMMUNIZATION PRIMARY REVIEW SUMMARY - SECTIONS B, C and D

Initial Statistical Report

(For use by public, charter, alternative and private schools, preschools, head start and certified child care programs)

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: _____ Date of Report: _____

Name of Person Completing Report: _____ Phone: _____

B. FOR SCHOOL AND CHILDREN'S FACILITY USE Alphabetically list names of children whose records are incomplete/insufficient first, then those who have a temporary medical exemption, then no record. Attach copies of the children's Certificate of Immunization Status or medical exemption request in the same order as the names on the list.			C. FOR HEALTH DEPARTMENT USE ONLY Secondary Review Reviewer: _____			D. FOR SCHOOL AND CHILDREN'S FACILITY USE Follow-up: _____	
Child's Name (Last Name First)	Grade and Birthdate	Parent's Name And Current Mailing Address	Exclusion Order Mailed Y/N	Date	Vaccines	Date Orders Canceled	Excluded Y/N?
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							

Please keep the bottom copy of this form and submit the rest to the county health department.

REMEMBER - These forms need to be submitted to your local county health department!