

## 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.*

Name of School or Program: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>B. FOR SCHOOL AND CHILDREN'S FACILITY USE</b> Alphabetically list names of children whose records are incomplete first, then insufficient, 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. <i>Make copies if you need additional pages.</i>			<b>C. FOR HEALTH DEPARTMENT USE ONLY</b> Secondary Review Reviewer: _____			<b>D. FOR SCHOOL AND CHILDREN'S FACILITY USE</b> Fill in the columns below as records are updated.	
Child's name (Last name, First name)	Grade and birthdate	Parent's name and current mailing address	Exclusion order mailed? Y/N	Date	Vaccines	Date orders canceled	Excluded? Y/N
Check if no record							
Check if no record							
Check if no record							
Check if no record							
Check if no record							
Check if no record							
Check if no record							
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!**