

**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: Amity Creek Magnet School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <hr/> <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> <i>How many of the nonmedical exemptions are from:</i> • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Complete only for students in kindergarten Total Enrollment: <u>16</u> Children not counted: <u>3</u> Adjusted enrollment: <u>13</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>3</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>3</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>11</u> Polio <u>10</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>12</u> Measles <u>12</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>11</u> Rubella <u>12</u> (1 dose) (1+ dose) Mumps <u>12</u> Hepatitis B <u>11</u> (1+ dose) (3+ doses) Hepatitis A <u>11</u> All <u>10</u> (2 doses) (Student has received all of the above doses)	Complete only for students in 7th grade Total Enrollment: <u>0</u> Children not counted: <u>0</u> Adjusted enrollment: <u>0</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose) Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses) Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>2</u> Polio <u>3</u> Varicella <u>1</u> Measles <u>2</u> Rubella <u>1</u> Mumps <u>1</u> Hepatitis B <u>2</u> Hepatitis A <u>2</u> All <u>1</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (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: Amity Creek Magnet School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 128

Students not counted : 24

Adjusted Enrollment : 104

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 22

How many nonmedical exemptions are from :

- the online module 21
- a health care practitioner 2

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	88	Polio	86
Varicella	91	Rubella	94
Mumps	94	Measles	89
Hep B	83	Hep A	85

Number of students with **all** the vaccines required for their grade 81

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	15	Polio	17
Varicella	13	Measles	15
Mumps	10	Rubella	10
Hep B	20	Hep A	18

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 8

\* 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

**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: Bear Creek Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>82</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>1</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>81</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>3</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>3</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>79</u> Polio <u>78</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>81</u> Measles <u>81</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>78</u> Rubella <u>81</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>81</u> Hepatitis B <u>80</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>76</u> All <u>73</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>2</u> Polio <u>2</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>3</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>3</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>0</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: Bear Creek Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 501

Students not counted : 15

Adjusted Enrollment : 486

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 20

How many nonmedical exemptions are from :

- the online module 20
- a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	472	Polio	470
Varicella	476	Rubella	477
Mumps	477	Measles	469
Hep B	471	Hep A	464

Number of students with **all** the vaccines required for their grade 462

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	14	Polio	15
Varicella	10	Measles	17
Mumps	9	Rubella	9
Hep B	14	Hep A	18

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 8

\* 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

**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: Buckingham Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <hr/> <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> <i>How many of the nonmedical exemptions are from:</i> • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Complete only for students in kindergarten Total Enrollment: <u>54</u> Children not counted: <u>5</u> Adjusted enrollment: <u>49</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>3</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>3</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>46</u> Polio <u>46</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>47</u> Measles <u>47</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>45</u> Rubella <u>47</u> (1 dose) (1+ dose) Mumps <u>47</u> Hepatitis B <u>47</u> (1+ dose) (3+ doses) Hepatitis A <u>44</u> All <u>41</u> (2 doses) (Student has received all of the above doses)	Complete only for students in 7th grade Total Enrollment: <u>0</u> Children not counted: <u>0</u> Adjusted enrollment: <u>0</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose) Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses) Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>3</u> Polio <u>3</u> Varicella <u>2</u> Measles <u>2</u> Rubella <u>2</u> Mumps <u>2</u> Hepatitis B <u>2</u> Hepatitis A <u>2</u> All <u>2</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (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: Buckingham Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 353

Students not counted : 24

Adjusted Enrollment : 329

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 19

How many nonmedical exemptions are from :

- the online module 18
- a health care practitioner 1

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	317	Polio	316
Varicella	315	Rubella	319
Mumps	319	Measles	315
Hep B	316	Hep A	313

Number of students with **all** the vaccines required for their grade 307

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	12	Polio	13
Varicella	14	Measles	12
Mumps	10	Rubella	10
Hep B	13	Hep A	13

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 8

\* 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

**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: Elk Meadow Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>55</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>4</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>51</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>1</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>1</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>50</u> Polio <u>50</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>51</u> Measles <u>51</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>50</u> Rubella <u>51</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>51</u> Hepatitis B <u>51</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>50</u> All <u>50</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>1</u> Polio <u>1</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>1</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>1</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>0</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: Elk Meadow Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 405

Students not counted : 27

Adjusted Enrollment : 378

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 20

How many nonmedical exemptions are from :

• the online module 20

• a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	365	Polio	365
Varicella	368	Rubella	369
Mumps	369	Measles	364
Hep B	365	Hep A	364

Number of students with **all** the vaccines required for their grade 357

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	12	Polio	12
Varicella	10	Measles	14
Mumps	9	Rubella	9
Hep B	13	Hep A	14

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 8

\* 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



**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: Ensworth Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>25</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>1</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>24</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>1</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>4</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>4</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>18</u> Polio <u>19</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>21</u> Measles <u>22</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>18</u> Rubella <u>21</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>21</u> Hepatitis B <u>23</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>20</u> All <u>18</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>4</u> Polio <u>4</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>3</u> Measles <u>4</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>2</u> Mumps <u>2</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>1</u> Hepatitis A <u>4</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>1</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: Ensworth Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 167

Students not counted : 11

Adjusted Enrollment : 156

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 13

How many nonmedical exemptions are from :

• the online module 13

• a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	142	Polio	144
Varicella	146	Rubella	146
Mumps	146	Measles	143
Hep B	148	Hep A	144

Number of students with **all** the vaccines required for their grade 141

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	12	Polio	11
Varicella	10	Measles	11
Mumps	9	Rubella	9
Hep B	8	Hep A	12

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 8

\* 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

**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: High Lakes Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>51</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>4</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>47</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>2</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>2</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>47</u> Polio <u>46</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>47</u> Measles <u>47</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>47</u> Rubella <u>47</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>47</u> Hepatitis B <u>45</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>46</u> All <u>42</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>0</u> Polio <u>1</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>2</u> Hepatitis A <u>1</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>0</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: High Lakes Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 436

Students not counted : 24

Adjusted Enrollment : 412

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 24

How many nonmedical exemptions are from :

- the online module 21
- a health care practitioner 3

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	400	Polio	397
Varicella	402	Rubella	406
Mumps	406	Measles	399
Hep B	395	Hep A	398

Number of students with **all** the vaccines required for their grade 385

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	12	Polio	14
Varicella	10	Measles	11
Mumps	6	Rubella	6
Hep B	17	Hep A	14

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 6

\* 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

**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: Highland Magnet School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>52</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>1</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>51</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>2</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>2</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>49</u> Polio <u>49</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>49</u> Measles <u>49</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>49</u> Rubella <u>49</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>49</u> Hepatitis B <u>49</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>49</u> All <u>47</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>2</u> Polio <u>2</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>2</u> Measles <u>2</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>2</u> Mumps <u>2</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>2</u> Hepatitis A <u>2</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>2</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: Highland Magnet School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 337

Students not counted : 18

Adjusted Enrollment : 319

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 31

How many nonmedical exemptions are from :

- the online module 29
- a health care practitioner 2

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	303	Polio	300
Varicella	305	Rubella	308
Mumps	308	Measles	302
Hep B	294	Hep A	295

Number of students with **all** the vaccines required for their grade 288

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	16	Polio	19
Varicella	14	Measles	17
Mumps	11	Rubella	11
Hep B	25	Hep A	24

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 11

\* 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

**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: Juniper Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Complete only for students in kindergarten Total Enrollment: <u>59</u> Children not counted: <u>3</u> Adjusted enrollment: <u>56</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>4</u> How many of the nonmedical exemptions are from: • the online module <u>4</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>53</u> Polio <u>51</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>54</u> Measles <u>55</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>53</u> Rubella <u>55</u> (1 dose) (1+ dose) Mumps <u>55</u> Hepatitis B <u>53</u> (1+ dose) (3+ doses) Hepatitis A <u>51</u> All <u>50</u> (2 doses) (Student has received all of the above doses)	Complete only for students in 7th grade Total Enrollment: <u>0</u> Children not counted: <u>0</u> Adjusted enrollment: <u>0</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose) Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses) Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>3</u> Polio <u>4</u> Varicella <u>2</u> Measles <u>3</u> Rubella <u>1</u> Mumps <u>1</u> Hepatitis B <u>2</u> Hepatitis A <u>4</u> All <u>1</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (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: Juniper Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 369

Students not counted : 29

Adjusted Enrollment : 340

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 29

How many nonmedical exemptions are from :

• the online module 29

• a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	318	Polio	312
Varicella	323	Rubella	326
Mumps	326	Measles	316
Hep B	317	Hep A	313

Number of students with **all** the vaccines required for their grade 309

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	21	Polio	27
Varicella	17	Measles	24
Mumps	14	Rubella	14
Hep B	22	Hep A	26

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 9

\* 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



**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: La Pine Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>48</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>8</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>40</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>2</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>2</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>37</u> Polio <u>38</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>38</u> Measles <u>38</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>38</u> Rubella <u>38</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>38</u> Hepatitis B <u>38</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>37</u> All <u>37</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>2</u> Polio <u>2</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>2</u> Measles <u>2</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>2</u> Mumps <u>2</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>2</u> Hepatitis A <u>2</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>2</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: La Pine Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

**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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 287

Students not counted : 43

Adjusted Enrollment : 244

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 9

How many nonmedical exemptions are from :

• the online module 9

• a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	<input type="text" value="234"/>	Polio	<input type="text" value="235"/>
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Varicella	<input type="text" value="236"/>	Rubella	<input type="text" value="236"/>
-----------	----------------------------------	---------	----------------------------------

Mumps	<input type="text" value="236"/>	Measles	<input type="text" value="236"/>
-------	----------------------------------	---------	----------------------------------

Hep B	<input type="text" value="236"/>	Hep A	<input type="text" value="235"/>
-------	----------------------------------	-------	----------------------------------

Number of students with **all** the vaccines required for their grade

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	<input type="text" value="9"/>	Polio	<input type="text" value="9"/>
-------	--------------------------------	-------	--------------------------------

Varicella	<input type="text" value="8"/>	Measles	<input type="text" value="8"/>
-----------	--------------------------------	---------	--------------------------------

Mumps	<input type="text" value="8"/>	Rubella	<input type="text" value="8"/>
-------	--------------------------------	---------	--------------------------------

Hep B	<input type="text" value="8"/>	Hep A	<input type="text" value="8"/>
-------	--------------------------------	-------	--------------------------------

Number of students with a nonmedical exemption for **all** 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

**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: Lava Ridge Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>60</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>4</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>56</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>1</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>1</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>55</u> Polio <u>55</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>56</u> Measles <u>56</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>54</u> Rubella <u>55</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>55</u> Hepatitis B <u>55</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>52</u> All <u>49</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>1</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>0</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: Lava Ridge Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 392

Students not counted : 31

Adjusted Enrollment : 361

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 16

How many nonmedical exemptions are from :

- the online module 15
- a health care practitioner 3

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	349	Polio	349
Varicella	352	Rubella	351
Mumps	351	Measles	348
Hep B	349	Hep A	346

Number of students with **all** the vaccines required for their grade 339

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	10	Polio	10
Varicella	9	Measles	12
Mumps	9	Rubella	9
Hep B	10	Hep A	11

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 7

\* 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

**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: North Star Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <hr/> <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> <i>How many of the nonmedical exemptions are from:</i> • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Complete only for students in kindergarten Total Enrollment: <u>32</u> Children not counted: <u>3</u> Adjusted enrollment: <u>29</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>29</u> Polio <u>29</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>29</u> Measles <u>29</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>29</u> Rubella <u>29</u> (1 dose) (1+ dose) Mumps <u>29</u> Hepatitis B <u>29</u> (1+ dose) (3+ doses) Hepatitis A <u>29</u> All <u>27</u> (2 doses) (Student has received all of the above doses)	Complete only for students in 7th grade Total Enrollment: <u>0</u> Children not counted: <u>0</u> Adjusted enrollment: <u>0</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose) Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses) Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (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: North Star Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

**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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 244

Students not counted : 22

Adjusted Enrollment : 222

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 10

How many nonmedical exemptions are from :

• the online module 10

• a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	<input type="text" value="215"/>	Polio	<input type="text" value="213"/>
-------	----------------------------------	-------	----------------------------------

Varicella	<input type="text" value="218"/>	Rubella	<input type="text" value="217"/>
-----------	----------------------------------	---------	----------------------------------

Mumps	<input type="text" value="217"/>	Measles	<input type="text" value="214"/>
-------	----------------------------------	---------	----------------------------------

Hep B	<input type="text" value="214"/>	Hep A	<input type="text" value="212"/>
-------	----------------------------------	-------	----------------------------------

Number of students with all the vaccines required for their grade

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	<input type="text" value="7"/>	Polio	<input type="text" value="9"/>
-------	--------------------------------	-------	--------------------------------

Varicella	<input type="text" value="4"/>	Measles	<input type="text" value="8"/>
-----------	--------------------------------	---------	--------------------------------

Mumps	<input type="text" value="5"/>	Rubella	<input type="text" value="5"/>
-------	--------------------------------	---------	--------------------------------

Hep B	<input type="text" value="8"/>	Hep A	<input type="text" value="8"/>
-------	--------------------------------	-------	--------------------------------

Number of students with a nonmedical exemption for all 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

**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: Pine Ridge Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>71</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>7</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>64</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>2</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>2</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>64</u> Polio <u>62</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>64</u> Measles <u>64</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>63</u> Rubella <u>64</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>64</u> Hepatitis B <u>62</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>61</u> All <u>59</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>0</u> Polio <u>1</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>1</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>1</u> Hepatitis A <u>2</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>0</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: Pine Ridge Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 446

Students not counted : 47

Adjusted Enrollment : 399

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 28

How many nonmedical exemptions are from :

- the online module 27
- a health care practitioner 1

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	378	Polio	376
Varicella	381	Rubella	381
Mumps	381	Measles	379
Hep B	379	Hep A	374

Number of students with **all** the vaccines required for their grade 367

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	20	Polio	21
Varicella	17	Measles	19
Mumps	15	Rubella	15
Hep B	17	Hep A	23

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 13

\* 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



**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: Ponderosa Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <hr/> <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> <i>How many of the nonmedical exemptions are from:</i> • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	How many children younger than kindergarten were excluded on Exclusion Day? _____ <hr/> <i>Complete only for students in kindergarten</i> Total Enrollment: <u>53</u> Children not counted: <u>2</u> Adjusted enrollment: <u>51</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>2</u> <hr/> <i>How many of the nonmedical exemptions are from:</i> • the online module <u>2</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>49</u> Polio <u>49</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>49</u> Measles <u>49</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>49</u> Rubella <u>49</u> (1 dose) (1+ dose) Mumps <u>49</u> Hepatitis B <u>49</u> (1+ dose) (3+ doses) Hepatitis A <u>49</u> All <u>49</u> (2 doses) (Student has received all of the above doses)	How many children younger than kindergarten were excluded on Exclusion Day? _____ <hr/> <i>Complete only for students in 7th grade</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Adjusted enrollment: <u>0</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> <i>How many of the nonmedical exemptions are from:</i> • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose) Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses) Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>2</u> Polio <u>2</u> Varicella <u>2</u> Measles <u>2</u> Rubella <u>2</u> Mumps <u>2</u> Hepatitis B <u>2</u> Hepatitis A <u>2</u> All <u>2</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (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: Ponderosa Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 361

Students not counted : 21

Adjusted Enrollment : 340

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 16

How many nonmedical exemptions are from :

- the online module 14
- a health care practitioner 2

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	331	Polio	331
Varicella	332	Rubella	331
Mumps	331	Measles	330
Hep B	330	Hep A	326

Number of students with **all** the vaccines required for their grade 322

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	9	Polio	9
Varicella	8	Measles	10
Mumps	8	Rubella	8
Hep B	10	Hep A	13

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 6

\* 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

**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: R E Jewell Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <hr/> <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> <i>How many of the nonmedical exemptions are from:</i> • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Complete only for students in kindergarten Total Enrollment: <u>58</u> Children not counted: <u>2</u> Adjusted enrollment: <u>56</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>1</u> Nonmedical exemptions: <u>2</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>2</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>55</u> Polio <u>54</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>56</u> Measles <u>56</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>55</u> Rubella <u>56</u> (1 dose) (1+ dose) Mumps <u>56</u> Hepatitis B <u>54</u> (1+ dose) (3+ doses) Hepatitis A <u>51</u> All <u>49</u> (2 doses) (Student has received all of the above doses)	Complete only for students in 7th grade Total Enrollment: <u>0</u> Children not counted: <u>0</u> Adjusted enrollment: <u>0</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> <hr/> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose) Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses) Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>1</u> Polio <u>1</u> Varicella <u>0</u> Measles <u>1</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>1</u> Hepatitis A <u>2</u> All <u>0</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (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: R E Jewell Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 391

Students not counted : 31

Adjusted Enrollment : 360

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 15

How many nonmedical exemptions are from :

- the online module 15
- a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	348	Polio	348
Varicella	351	Rubella	354
Mumps	354	Measles	350
Hep B	347	Hep A	345

Number of students with **all** the vaccines required for their grade 340

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	12	Polio	11
Varicella	9	Measles	9
Mumps	6	Rubella	6
Hep B	12	Hep A	12

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 6

\* 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

**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: Rosland Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	How many children younger than kindergarten were excluded on Exclusion Day? _____ <i>Complete only for students in kindergarten</i> Total Enrollment: <u>33</u> Children not counted: <u>9</u> Adjusted enrollment: <u>24</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>1</u> How many of the nonmedical exemptions are from: • the online module <u>1</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>23</u> Polio <u>23</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>23</u> Measles <u>23</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>23</u> Rubella <u>23</u> (1 dose) (1+ dose) Mumps <u>23</u> Hepatitis B <u>24</u> (1+ dose) (3+ doses) Hepatitis A <u>23</u> All <u>23</u> (2 doses) (Student has received all of the above doses)	How many children younger than kindergarten were excluded on Exclusion Day? _____ <i>Complete only for students in 7th grade</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Adjusted enrollment: <u>0</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose) Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses) Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>1</u> Polio <u>1</u> Varicella <u>1</u> Measles <u>1</u> Rubella <u>1</u> Mumps <u>1</u> Hepatitis B <u>0</u> Hepatitis A <u>1</u> All <u>0</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> All <u>0</u> (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: Rosland Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 175

Students not counted : 18

Adjusted Enrollment : 157

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 7

How many nonmedical exemptions are from :

- the online module 7
- a health care practitioner 0

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	151	Polio	151
Varicella	152	Rubella	152
Mumps	152	Measles	151
Hep B	153	Hep A	149

Number of students with **all** the vaccines required for their grade 149

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	6	Polio	6
Varicella	5	Measles	6
Mumps	5	Rubella	5
Hep B	4	Hep A	7

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 4

\* 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

**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: Silver Rail Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>58</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>4</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>54</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>1</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>1</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>6</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>6</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>49</u> Polio <u>49</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>48</u> Measles <u>51</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>50</u> Rubella <u>50</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>50</u> Hepatitis B <u>49</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>49</u> All <u>44</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>2</u> Polio <u>3</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>4</u> Measles <u>2</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>2</u> Mumps <u>2</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>3</u> Hepatitis A <u>2</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>2</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: Silver Rail Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 406

Students not counted : 34

Adjusted Enrollment : 372

Fill in the number of students with:

No record : 1

Medical exemptions : 2

Nonmedical exemptions : 20

How many nonmedical exemptions are from :

- the online module 19
- a health care practitioner 1

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	357	Polio	355
Varicella	358	Rubella	360
Mumps	360	Measles	357
Hep B	360	Hep A	353

Number of students with **all** the vaccines required for their grade 348

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	11	Polio	14
Varicella	11	Measles	12
Mumps	9	Rubella	9
Hep B	9	Hep A	15

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 6

\* 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



**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: Three Rivers Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____ <i>Complete only for children younger than kindergarten</i> Total Enrollment: <u>0</u> Children not counted: <u>0</u> Children ≤ 18 months of age: <u>0</u> Adjusted Enrollment: <u>0</u> <hr/> <i>Fill in the number of children with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>0</u> How many of the nonmedical exemptions are from: • the online module <u>0</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of children with the indicated number of doses</i> DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses) Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose) Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose) Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose) HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	How many children younger than kindergarten were excluded on Exclusion Day? _____ <i>Complete only for students in kindergarten</i> Total Enrollment: <u>33</u> Children not counted: <u>2</u> Adjusted enrollment: <u>31</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>2</u> How many of the nonmedical exemptions are from: • the online module <u>2</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>29</u> Polio <u>29</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4) Varicella <u>29</u> Measles <u>29</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>29</u> Rubella <u>29</u> (1 dose) (1+ dose) Mumps <u>29</u> Hepatitis B <u>29</u> (1+ dose) (3+ doses) Hepatitis A <u>28</u> All <u>28</u> (2 doses) (Student has received all of the above doses)	How many children younger than kindergarten were excluded on Exclusion Day? _____ <i>Complete only for students in 7th grade</i> Total Enrollment: <u>38</u> Children not counted: <u>4</u> Adjusted enrollment: <u>34</u> <hr/> <i>Fill in the number of students with:</i> No record: <u>0</u> Medical exemptions: <u>0</u> Nonmedical exemptions: <u>6</u> How many of the nonmedical exemptions are from: • the online module <u>6</u> • a health care practitioner <u>0</u> <hr/> <i>List the number of students with the indicated number of doses</i> DTaP/Tdap <u>28</u> Polio <u>32</u> (1 dose after age 7) (4 doses, or 3rd after age 4) Varicella <u>32</u> Measles <u>32</u> (1+ dose or disease history) (1+ dose) 2nd Measles <u>32</u> Rubella <u>32</u> (1 dose) (1+ dose) Mumps <u>32</u> Hepatitis B <u>32</u> (1+ dose) (3+ doses) Hepatitis A <u>32</u> All <u>28</u> (2 doses) (Student has received all of the above doses)
Fill in the number of children with a nonmedical exemption for each vaccine DTaP/Tdap <u>0</u> Polio <u>0</u> Varicella <u>0</u> Measles <u>0</u> Rubella <u>0</u> Mumps <u>0</u> Hepatitis B <u>0</u> Hepatitis A <u>0</u> HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine DTaP/Tdap <u>2</u> Polio <u>2</u> Varicella <u>2</u> Measles <u>2</u> Rubella <u>2</u> Mumps <u>2</u> Hepatitis B <u>2</u> Hepatitis A <u>2</u> All <u>2</u> (Student has a nonmedical exemption for all vaccines)	Fill in the number of students with a nonmedical exemption for each vaccine: DTaP/Tdap <u>6</u> Polio <u>2</u> Varicella <u>2</u> Measles <u>2</u> Rubella <u>2</u> Mumps <u>2</u> Hepatitis B <u>2</u> Hepatitis A <u>2</u> All <u>2</u> (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: Three Rivers Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05,06,07,08

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 363

Students not counted : 29

Adjusted Enrollment : 334

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 30

How many nonmedical exemptions are from :

- the online module 29
- a health care practitioner 1

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	307	Polio	312
Varicella	317	Rubella	316
Mumps	316	Measles	311
Hep B	314	Hep A	310

Number of students with **all** the vaccines required for their grade 301

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	26	Polio	22
Varicella	17	Measles	23
Mumps	18	Rubella	18
Hep B	19	Hep A	22

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 15

\* 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

**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: Westside Village Magnet School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>16</u>	Total Enrollment: <u>32</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>16</u>	Adjusted enrollment: <u>32</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>6</u>	Nonmedical exemptions: <u>4</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>6</u>	• the online module <u>4</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>11</u> Polio <u>12</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>29</u> Polio <u>29</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>13</u> Measles <u>13</u> (1+ dose or disease history) (1+ dose)	Varicella <u>29</u> Measles <u>28</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>11</u> Rubella <u>13</u> (1 dose) (1+ dose)	2nd Measles <u>28</u> Rubella <u>28</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>13</u> Hepatitis B <u>13</u> (1+ dose) (3+ doses)	Mumps <u>28</u> Hepatitis B <u>28</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>10</u> All <u>10</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>28</u> All <u>28</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>5</u> Polio <u>4</u>	DTaP/Tdap <u>3</u> Polio <u>3</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>3</u> Measles <u>5</u>	Varicella <u>3</u> Measles <u>4</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>3</u> Mumps <u>3</u>	Rubella <u>4</u> Mumps <u>4</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>3</u> Hepatitis A <u>6</u>	Hepatitis B <u>4</u> Hepatitis A <u>4</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>2</u> (Student has a nonmedical exemption for all vaccines)	All <u>3</u> (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: Westside Village Magnet School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05,06,07,08

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 220

Students not counted : 3

Adjusted Enrollment : 217

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 48

How many nonmedical exemptions are from :

- the online module 46
- a health care practitioner 3

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	181	Polio	182
Varicella	187	Rubella	190
Mumps	190	Measles	180
Hep B	180	Hep A	178

Number of students with **all** the vaccines required for their grade 168

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	36	Polio	35
Varicella	30	Measles	37
Mumps	27	Rubella	27
Hep B	36	Hep A	39

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 24

\* 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

**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: William E. Miller Elementary School  
 Name of person completing report: Jamie Roberts  
 Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

E. Preschool, Child Care, Head Start	F. Kindergarten	G. Seventh Grade
How many children younger than kindergarten were excluded on Exclusion Day? _____		
<i>Complete only for children younger than kindergarten</i>	<i>Complete only for students in kindergarten</i>	<i>Complete only for students in 7th grade</i>
Total Enrollment: <u>0</u>	Total Enrollment: <u>64</u>	Total Enrollment: <u>0</u>
Children not counted: <u>0</u>	Children not counted: <u>4</u>	Children not counted: <u>0</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>60</u>	Adjusted enrollment: <u>0</u>
Adjusted Enrollment: <u>0</u>		
<i>Fill in the number of children with:</i>	<i>Fill in the number of students with:</i>	<i>Fill in the number of students with:</i>
No record: <u>0</u>	No record: <u>0</u>	No record: <u>0</u>
Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>	Medical exemptions: <u>0</u>
Nonmedical exemptions: <u>0</u>	Nonmedical exemptions: <u>8</u>	Nonmedical exemptions: <u>0</u>
<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>	<i>How many of the nonmedical exemptions are from:</i>
• the online module <u>0</u>	• the online module <u>8</u>	• the online module <u>0</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>
<i>List the number of children with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>	<i>List the number of students with the indicated number of doses</i>
DTaP/Tdap <u>0</u> Polio <u>0</u> (4+ doses) (3+ doses)	DTaP/Tdap <u>52</u> Polio <u>53</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>0</u> Polio <u>0</u> (1 dose after age 7) (4 doses, or 3rd after age 4)
Varicella <u>0</u> Measles <u>0</u> (1 dose or disease history) (1+ dose)	Varicella <u>54</u> Measles <u>55</u> (1+ dose or disease history) (1+ dose)	Varicella <u>0</u> Measles <u>0</u> (1+ dose or disease history) (1+ dose)
Rubella <u>0</u> Mumps <u>0</u> (1+ dose) (1+ dose)	2nd Measles <u>53</u> Rubella <u>55</u> (1 dose) (1+ dose)	2nd Measles <u>0</u> Rubella <u>0</u> (1 dose) (1+ dose)
Hepatitis B <u>0</u> Hepatitis A <u>0</u> (3+ doses) (1+ dose)	Mumps <u>55</u> Hepatitis B <u>53</u> (1+ dose) (3+ doses)	Mumps <u>0</u> Hepatitis B <u>0</u> (1+ dose) (3+ doses)
HIB <u>0</u> All <u>0</u> (Complete or 5 yrs old) (Child has received all of the above doses)	Hepatitis A <u>49</u> All <u>48</u> (2 doses) (Student has received all of the above doses)	Hepatitis A <u>0</u> All <u>0</u> (2 doses) (Student has received all of the above doses)
<i>Fill in the number of children with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine</i>	<i>Fill in the number of students with a nonmedical exemption for each vaccine:</i>
DTaP/Tdap <u>0</u> Polio <u>0</u>	DTaP/Tdap <u>8</u> Polio <u>7</u>	DTaP/Tdap <u>0</u> Polio <u>0</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>6</u> Measles <u>7</u>	Varicella <u>0</u> Measles <u>0</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>5</u> Mumps <u>5</u>	Rubella <u>0</u> Mumps <u>0</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>6</u> Hepatitis A <u>8</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>
HIB <u>0</u> All <u>0</u> (Child has a nonmedical exemption for all vaccines)	All <u>5</u> (Student has a nonmedical exemption for all vaccines)	All <u>0</u> (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: William E. Miller Elementary School

Name of person completing report: Jamie Roberts

Phone: \_\_\_\_\_ Date of Report: 02/26/2021 Assessment Date: 02/26/2021

### 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: KG,01,02,03,04,05

How many students in grades K-12 were excluded on Exclusion Day? \_\_\_\_\_

Total Enrollment : 458

Students not counted : 30

Adjusted Enrollment : 428

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 32

How many nonmedical exemptions are from :

- the online module 31
- a health care practitioner 1

Fill in the total number of students who have all of the vaccines required for their grade level

D/T/P	402	Polio	400
Varicella	404	Rubella	409
Mumps	409	Measles	401
Hep B	401	Hep A	394

Number of students with **all** the vaccines required for their grade 392

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P	26	Polio	28
Varicella	24	Measles	27
Mumps	19	Rubella	19
Hep B	26	Hep A	30

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 15

\* 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