

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: Bend Senior High 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>0</u>	Total Enrollment: <u>0</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>0</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>0</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>0</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>0</u> Polio <u>0</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>0</u> Measles <u>0</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>0</u> Rubella <u>0</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>0</u> Hepatitis B <u>0</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>0</u> All <u>0</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>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>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: Bend Senior High 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: 08,09,10,11,12

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

Total Enrollment : 1648

Students not counted : 112

Adjusted Enrollment : 1536

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 111

How many nonmedical exemptions are from :

- the online module 105
- a health care practitioner 6

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

D/T/P	1438	Polio	1476
Varicella	1478	Rubella	1485
Mumps	1485	Measles	1473
Hep B	1475	Hep A	1438

Number of students with **all** the vaccines required for their grade 1404

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

D/T/P	97	Polio	59
Varicella	57	Measles	63
Mumps	51	Rubella	51
Hep B	61	Hep A	79

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 44

* 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 High 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>0</u>	Total Enrollment: <u>0</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>0</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>0</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>0</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>0</u> Polio <u>0</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>0</u> Measles <u>0</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>0</u> Rubella <u>0</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>0</u> Hepatitis B <u>0</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>0</u> All <u>0</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>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>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: La Pine High 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: 09,10,11,12

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

Total Enrollment : 418

Students not counted : 57

Adjusted Enrollment : 361

Fill in the number of students with:

No record : 0

Medical exemptions : 2

Nonmedical exemptions : 22

How many nonmedical exemptions are from :

- the online module 21
- 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	342	Polio	354
Varicella	355	Rubella	355
Mumps	355	Measles	353
Hep B	355	Hep A	340

Number of students with **all** the vaccines required for their grade 327

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

D/T/P	17	Polio	5
Varicella	4	Measles	6
Mumps	3	Rubella	3
Hep B	4	Hep A	9

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 3

* 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: Marshall High 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>0</u>	Total Enrollment: <u>0</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>0</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>0</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>0</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>0</u> Polio <u>0</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>0</u> Measles <u>0</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>0</u> Rubella <u>0</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>0</u> Hepatitis B <u>0</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>0</u> All <u>0</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>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>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: Marshall High 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: 09,10,11,12

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

Total Enrollment : 105

Students not counted : 16

Adjusted Enrollment : 89

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 5

How many nonmedical exemptions are from :

• the online module 5

• 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	84	Polio	87
Varicella	87	Rubella	87
Mumps	87	Measles	87
Hep B	87	Hep A	86

Number of students with **all** the vaccines required for their grade 84

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

D/T/P	5	Polio	2
Varicella	2	Measles	2
Mumps	2	Rubella	2
Hep B	2	Hep A	3

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 2

* 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: Mountain View High 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>0</u>	Total Enrollment: <u>0</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>0</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>0</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>0</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>0</u> Polio <u>0</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>0</u> Measles <u>0</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>0</u> Rubella <u>0</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>0</u> Hepatitis B <u>0</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>0</u> All <u>0</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>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>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: Mountain View High 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: 08,09,10,11,12

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

Total Enrollment : 1228

Students not counted : 128

Adjusted Enrollment : 1100

Fill in the number of students with:

No record : 0

Medical exemptions : 3

Nonmedical exemptions : 56

How many nonmedical exemptions are from :

- the online module 54
- 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	1055	Polio	1072
Varicella	1074	Rubella	1079
Mumps	1079	Measles	1072
Hep B	1076	Hep A	1053

Number of students with **all** the vaccines required for their grade 1028

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

D/T/P	43	Polio	26
Varicella	24	Measles	26
Mumps	18	Rubella	18
Hep B	23	Hep A	33

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: Realms High 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>0</u>	Total Enrollment: <u>0</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>0</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>0</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>0</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>0</u> Polio <u>0</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>0</u> Measles <u>0</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>0</u> Rubella <u>0</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>0</u> Hepatitis B <u>0</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>0</u> All <u>0</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>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>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: Realms High 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: 09,10,11,12

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

Total Enrollment : 133

Students not counted : 6

Adjusted Enrollment : 127

Fill in the number of students with:

No record : 0

Medical exemptions : 2

Nonmedical exemptions : 18

How many nonmedical exemptions are from :

- the online module 18

- 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	111	Polio	113
-------	-----	-------	-----

Varicella	112	Rubella	112
-----------	-----	---------	-----

Mumps	112	Measles	110
-------	-----	---------	-----

Hep B	111	Hep A	110
-------	-----	-------	-----

Number of students with **all** the vaccines required for their grade 106

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

D/T/P	16	Polio	14
-------	----	-------	----

Varicella	14	Measles	15
-----------	----	---------	----

Mumps	14	Rubella	14
-------	----	---------	----

Hep B	16	Hep A	16
-------	----	-------	----

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 14

* 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: Skyline High 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>0</u>	Total Enrollment: <u>0</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>0</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>0</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>0</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>0</u> Polio <u>0</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>0</u> Measles <u>0</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>0</u> Rubella <u>0</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>0</u> Hepatitis B <u>0</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>0</u> All <u>0</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>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>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: Skyline High 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: 09,10,11,12

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

Total Enrollment : 143

Students not counted : 6

Adjusted Enrollment : 137

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 21

How many nonmedical exemptions are from :

- the online module 20
- 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	119	Polio	122
Varicella	123	Rubella	126
Mumps	126	Measles	122
Hep B	124	Hep A	120

Number of students with **all** the vaccines required for their grade 115

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

D/T/P	17	Polio	14
Varicella	13	Measles	14
Mumps	10	Rubella	10
Hep B	12	Hep A	16

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: Summit High 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>0</u>	Total Enrollment: <u>2</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>2</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</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>0</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>0</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>0</u> Polio <u>0</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>0</u> Measles <u>0</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>0</u> Rubella <u>0</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>0</u> Hepatitis B <u>0</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>0</u> All <u>0</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>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>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: Summit High 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: 07,08,09,10,11,12

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

Total Enrollment : 1604

Students not counted : 105

Adjusted Enrollment : 1499

Fill in the number of students with:

No record : 0

Medical exemptions : 7

Nonmedical exemptions : 111

How many nonmedical exemptions are from :

- the online module 107
- a health care practitioner 4

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="1413"/>	Polio	<input type="text" value="1435"/>
Varicella	<input type="text" value="1442"/>	Rubella	<input type="text" value="1456"/>
Mumps	<input type="text" value="1456"/>	Measles	<input type="text" value="1433"/>
Hep B	<input type="text" value="1433"/>	Hep A	<input type="text" value="1409"/>

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="81"/>	Polio	<input type="text" value="62"/>
Varicella	<input type="text" value="54"/>	Measles	<input type="text" value="65"/>
Mumps	<input type="text" value="42"/>	Rubella	<input type="text" value="42"/>
Hep B	<input type="text" value="63"/>	Hep A	<input type="text" value="80"/>

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