

**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: Cascade Middle 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>215</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>10</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>205</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>18</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>17</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>1</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>188</u> Polio <u>192</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>194</u> Measles <u>196</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>193</u> Rubella <u>195</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>195</u> Hepatitis B <u>194</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>188</u> All <u>184</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>16</u> Polio <u>13</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>11</u> Measles <u>12</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>10</u> Mumps <u>10</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>11</u> Hepatitis A <u>17</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>7</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: Cascade Middle 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: 06,07,08

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

Total Enrollment : 652

Students not counted : 27

Adjusted Enrollment : 625

Fill in the number of students with:

No record : 1

Medical exemptions : 0

Nonmedical exemptions : 48

How many nonmedical exemptions are from :

• the online module 47

• 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	589	Polio	593
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Varicella	597	Rubella	602
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Mumps	602	Measles	595
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Hep B	592	Hep A	585
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Number of students with **all** the vaccines required for their grade 573

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

D/T/P	33	Polio	30
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Varicella	27	Measles	29
-----------	----	---------	----

Mumps	22	Rubella	22
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Hep B	31	Hep A	38
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Number of students with a nonmedical exemption for **all** the vaccines required for their grade 16

\* 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 Desert Middle 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>225</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>6</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>219</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>11</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>11</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>209</u> Polio <u>212</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>212</u> Measles <u>216</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>214</u> Rubella <u>216</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>216</u> Hepatitis B <u>212</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>213</u> All <u>202</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>7</u> Polio <u>7</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>7</u> Measles <u>5</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>3</u> Mumps <u>3</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>7</u> Hepatitis A <u>6</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>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: High Desert Middle 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: 06,07,08

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

Total Enrollment : 673

Students not counted : 20

Adjusted Enrollment : 653

Fill in the number of students with:

No record : 0

Medical exemptions : 2

Nonmedical exemptions : 33

How many nonmedical exemptions are from :

• the online module 33

• 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	626	Polio	633
Varicella	636	Rubella	641
Mumps	641	Measles	632
Hep B	635	Hep A	630

Number of students with **all** the vaccines required for their grade 614

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

D/T/P	23	Polio	19
Varicella	15	Measles	20
Mumps	11	Rubella	11
Hep B	18	Hep A	22

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 10

\* 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 Middle 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>85</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>4</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>81</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>2</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>2</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>77</u> Polio <u>80</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>80</u> Measles <u>80</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>80</u> Rubella <u>80</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>80</u> Hepatitis B <u>80</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>80</u> All <u>75</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>2</u> Polio <u>1</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>1</u> Measles <u>1</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>1</u> Mumps <u>1</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>1</u> Hepatitis A <u>1</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>1</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 Middle 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: 06,07,08

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

Total Enrollment : 269

Students not counted : 15

Adjusted Enrollment : 254

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 8

How many nonmedical exemptions are from :

• the online module 8

• 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	243	Polio	248
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Varicella	249	Rubella	248
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Mumps	248	Measles	248
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Hep B	249	Hep A	247
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Number of students with **all** the vaccines required for their grade 242

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

D/T/P	7	Polio	5
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Varicella	4	Measles	5
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Mumps	5	Rubella	5
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Hep B	4	Hep A	6
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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: Pacific Crest Middle 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>169</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>10</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>159</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>10</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>10</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>155</u> Polio <u>155</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>152</u> Measles <u>157</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>157</u> Rubella <u>157</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>157</u> Hepatitis B <u>152</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>151</u> All <u>146</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>3</u> Polio <u>4</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>7</u> Measles <u>2</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>2</u> Mumps <u>2</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>7</u> Hepatitis A <u>8</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>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: Pacific Crest Middle 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: 06,07,08

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

Total Enrollment : 534

Students not counted : 30

Adjusted Enrollment : 504

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 46

How many nonmedical exemptions are from :

• the online module 44

• 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	475	Polio	472
Varicella	481	Rubella	486
Mumps	486	Measles	481
Hep B	466	Hep A	466

Number of students with **all** the vaccines required for their grade 454

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

D/T/P	28	Polio	32
Varicella	23	Measles	23
Mumps	18	Rubella	18
Hep B	37	Hep A	36

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: Pilot Butte Middle 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>167</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>8</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>159</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>17</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>16</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>2</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>148</u> Polio <u>149</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>152</u> Measles <u>152</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>152</u> Rubella <u>152</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>152</u> Hepatitis B <u>148</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>149</u> All <u>142</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>11</u> Polio <u>10</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>7</u> Measles <u>7</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>7</u> Mumps <u>7</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>11</u> Hepatitis A <u>10</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>6</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: Pilot Butte Middle 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: 06,07,08

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

Total Enrollment : 545

Students not counted : 32

Adjusted Enrollment : 513

Fill in the number of students with:

No record : 0

Medical exemptions : 0

Nonmedical exemptions : 40

How many nonmedical exemptions are from :

- the online module 37
- 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	484	Polio	484
Varicella	489	Rubella	493
Mumps	494	Measles	491
Hep B	485	Hep A	483

Number of students with **all** the vaccines required for their grade 471

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

D/T/P	29	Polio	29
Varicella	24	Measles	22
Mumps	19	Rubella	19
Hep B	28	Hep A	29

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 16

\* 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 Middle 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>46</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>1</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>45</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>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>0</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>0</u> Polio <u>0</u> (5 doses, or 4th after age 4) (4 doses, or 3rd after age 4)	DTaP/Tdap <u>42</u> Polio <u>43</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>43</u> Measles <u>43</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>43</u> Rubella <u>43</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>43</u> Hepatitis B <u>42</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>41</u> All <u>41</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>3</u> Polio <u>2</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>2</u> Measles <u>2</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>2</u> Mumps <u>2</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>3</u> Hepatitis A <u>4</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>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: Realms Middle 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: 06,07,08

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

Total Enrollment : 137

Students not counted : 1

Adjusted Enrollment : 136

Fill in the number of students with:

No record : 0

Medical exemptions : 1

Nonmedical exemptions : 27

How many nonmedical exemptions are from :

- the online module 27
- 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	117	Polio	116
Varicella	119	Rubella	120
Mumps	120	Measles	116
Hep B	119	Hep A	110

Number of students with **all** the vaccines required for their grade 108

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

D/T/P	19	Polio	20
Varicella	16	Measles	20
Mumps	16	Rubella	16
Hep B	17	Hep A	25

Number of students with a nonmedical exemption for **all** the vaccines required for their grade 12

\* 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: Sky View Middle 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>171</u>
Children not counted: <u>0</u>	Children not counted: <u>0</u>	Children not counted: <u>12</u>
Children ≤ 18 months of age: <u>0</u>	Adjusted enrollment: <u>0</u>	Adjusted enrollment: <u>159</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>9</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>8</u>
• a health care practitioner <u>0</u>	• a health care practitioner <u>0</u>	• a health care practitioner <u>1</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>153</u> Polio <u>157</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>158</u> Measles <u>157</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>155</u> Rubella <u>157</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>157</u> Hepatitis B <u>155</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>156</u> All <u>148</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>5</u> Polio <u>2</u>
Varicella <u>0</u> Measles <u>0</u>	Varicella <u>0</u> Measles <u>0</u>	Varicella <u>1</u> Measles <u>4</u>
Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>0</u> Mumps <u>0</u>	Rubella <u>2</u> Mumps <u>2</u>
Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>0</u> Hepatitis A <u>0</u>	Hepatitis B <u>4</u> Hepatitis A <u>3</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>1</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: Sky View Middle 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: 06,07,08

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

Total Enrollment : 522

Students not counted : 27

Adjusted Enrollment : 495

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	482	Polio	485
Varicella	485	Rubella	484
Mumps	485	Measles	483
Hep B	482	Hep A	483

Number of students with **all** the vaccines required for their grade 473

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

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