

PRESCHOOL/EARLY CHILDHOOD PROGRAM SPRING REPORT

School Year:

Phone Number:

Completed By (Name and Title):

School:

Email address:

1. TOTAL NUMBER OF STUDENTS FROM THE NOVEMBER REPORT THAT WERE CONDITIONALLY ENROLLED, ON EXTENDED ENROLLMENT OR OUT OF COMPLIANCE _____

2. EXEMPTIONS

Vaccine	Medical	Religious	Personal	Total Exemptions
A. Total number of students from Question 1 who claimed an exemption (total number of exemption forms you have)				
B. DTap, DTP, or Td				
C. Polio				
D. MMR				
E. Hib (Haemophilus influenza type B)				
F. Hepatitis A				
G. Hepatitis B				
H. PCV (Pneumococcal conjugate vaccine)				
I. Varicella				

3A. HOW MANY STUDENTS FROM QUESTION 1 ARE CONDITIONALLY ENROLLED? _____
 Students who did not provide the school with immunization records or provided incomplete immunization records at the time of enrollment)

HOW MANY STUDENTS FROM QUESTIN 1 ARE ON EXTENDED CONDITIONAL ENROLLMENT BECAUSE:

3B. More time is medically recommended to complete all required vaccine doses _____

3C. Early childhood director agreed that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period _____

3D. Total number of students who are on conditional and extended conditional enrollment (sum of 3A, 3B, and 3C) _____

4. NUMBER OF NON-COMPLIANT STUDENTS FROM QUESTION 1 _____
 Examples: students who lack immunization records, lack an exemption form, have an incomplete record, no healthcare provider’s statement, etc. after the conditional period has ended and the students did not qualify for extended conditional enrollment

5. HOW MANY STUDENTS FROM QUESTION 1 HAVE PROOF OF HISTORY OF DISEASE FOR ANY OF THE FOLLOWING VACCINES?

- | | | | |
|--|-------|----------------------------|-------|
| a. DTaP | _____ | e. Hep A | _____ |
| b. Polio | _____ | f. Hep B | _____ |
| c. MMR | _____ | g. PCV (pneumococcal) | _____ |
| d. Hib | _____ | h. Varicella (chicken pox) | _____ |
| i. Total number of students with past history of disease | | _____ | |

6. HOW MANY STUDENTS FROM QUESTION 1 HAVE RECEIVED ALL DOSES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY? _____

7. BREAKDOWN OF CONDITIONAL AND/OR EXTENDED CONDITIONAL ENROLLMENT AND/OR NON-COMPLIANT STUDENTS FROM QUESTION 1

- a. Students with less than the required number of **DTP/DTap or Td** vaccine _____
- b. Students with less than the required number of **polio** vaccine _____
- c. Students with less than the required number of **MMR** vaccine _____
- d. Students with less than the required number of **Hib** vaccine _____
- e. Students with less than the required number of **hepatitis A** vaccine _____
- f. Students with less than the required number of **hepatitis B** vaccine _____
- g. Students with less than the required number of **PCV** vaccine _____
- h. Students with less than the required number of **varicella** vaccine _____

7I. NUMBER OF STUDENTS FROM QUESTION 1 WITH NO IMMUNIZATION RECORDS _____

7J. NUMBER OF STUDENTS FROM QUESTION 1 WHO CLAIMED THEY HAVE AN EXEMPTION, BUT DID NOT TURN IN THEIR EXEMPTION CERTIFICATE _____

7K. NUMBER OF STUDENTS FROM QUESTION 1 WHO CLAIMED A HISTORY OF DISEASE, BUT DID NOT SUBMIT PROOF OF IMMUNITY _____

8. NUMBER OF STUDENTS FROM THE QUESTION 1 THAT HAVE WITHDRAWN FROM SCHOOL SINCE THE NOVEMBER REPORT WAS SUBMITTED _____