

**Instructions**

Please make multiple copies of this form and complete one form for each school surveyed. Please save copies of the completed school-specific forms in case we have questions. **You should also use this form to tally your responses prior to completing the on-line survey. The on-line survey should not be completed until after the 30-day follow-up period.**

**Contact Information**

Name of person completing report: \_\_\_\_\_ County/Jurisdiction: \_\_\_\_\_

Date report was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Date report was completed after 30 days from the date of the initial assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**School Information**

Name of school: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Grade levels: \_\_\_\_\_

Address of school: \_\_\_\_\_ City: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total number of students enrolled in school by grade: K (All)\_\_\_\_, G1-5 (New)\_\_\_\_, G6 (New)\_\_\_\_, G7 (New)\_\_\_\_, G8 (New)\_\_\_\_, G9-12 (New)\_\_\_\_

Of the total number of students enrolled (above), how many records/students did you review (refer to instructions on how to obtain a sample): K (All)\_\_\_\_, G1-5 (New)\_\_\_\_, G6 (New)\_\_\_\_, G7 (New)\_\_\_\_, G8 (New)\_\_\_\_, G9-12 (New)\_\_\_\_

Sample information:	(All) K	(New) G1-5	(New) G6	(New) G7	(New) G8	(New) G9-12
1) Number of students <b>with immunization records</b> in sample (not including students with exemptions)						
2) Number of students <b>without immunization records</b> in sample (not including students with exemptions)						
3) Total number students (add #1 and #2)						

School immunization exemptions:	(All) K	(New) G1-5	(New) G6	(New) G7	(New) G8	(New) G9-12
4) Number of students with medical exemptions in sample						
5) Number of students with religious exemptions in sample						

Number of students in the sample <b>with immunization records</b> who <b>NEED</b> one or more of the following vaccines:	(All) K	(New) G1-5	(New) G6	(New) G7	(New) G8	(New) G9-12
6) 1 or more doses of <b>DTaP/Td/DT/Tdap</b> vaccine						
7) 1 or more doses of <b>Polio</b> vaccine						
8) 1 or more doses of <b>Measles</b> vaccine						
9) 1 or more doses of <b>Mumps</b> vaccine						
10) 1 or more doses of <b>Rubella</b> vaccine						
11) 1 or more doses of <b>Hepatitis B</b> vaccine						
12) 1 dose or more doses of <b>Varicella</b> vaccine						

<b>Compliance Assessment:</b>	<b>All K</b>	<b>New G1-5</b>	<b>New G6</b>	<b>New G7</b>	<b>New G8</b>	<b>New G9-12</b>
13) Total number of students in compliance on day of assessment						
14) Total number of students in compliance <b>30 days</b> after assessment						

**Additional Information****Immunization Record-keeping**

a) What is the number of schools in your school sample that currently use DHMH Form 896 to document student immunization history? \_\_\_\_\_

b) What is the number of schools in your school sample that do not use DHMH Form 896 but other methods to document student immunization history? \_\_\_\_\_

***PLEASE DO NOT SUBMIT THIS WORKSHEET. IT WOULD BE HELPFUL IF YOU SAVE A COPY OF THIS WORKSHEET IN CASE WE HAVE QUESTIONS.***

***YOU MAY SUBMIT AN AGGREGATE REPORT ON-LINE FOR YOUR JURISDICTION AT <http://tinyurl.com/pxrd4mp>***

**Students NOT IN COMPLIANCE Worksheet**

School: \_\_\_\_\_

County: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Name	Grade	Missing Records	Number of Doses Needed						Brought into Compliance (after 30 days)		
			DTaP/Td	Polio	Hib	MMR	Varicella	Hepatitis B	Yes	No, excluded from school	No, not excluded