

**IMMUNIZATION PRIMARY REVIEW SUMMARY**  
**SECTION E: Preschool, Child Care, Head Start**

Name of school or program: \_\_\_\_\_ Date of report: \_\_\_\_\_  
 Name of person completing report: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Complete this page only for children younger than kindergarten. This page is due to the health department no later than March 3, 2025. You can turn in this page early if all of your children are complete for vaccines or have exemptions on file.**

1. How many children younger than kindergarten were excluded on Exclusion Day? \_\_\_\_\_
2. What is your total enrollment? \_\_\_\_\_
3. How many children are not counted? \_\_\_\_\_
4. How many children are 18 months or younger? \_\_\_\_\_
5. What is your adjusted enrollment? \_\_\_\_\_

**Total enrollment** is the number of children currently enrolled in your site who are younger than kindergarten. Do not include anyone who enrolled after January 15, 2025.

**Children not counted** are counted by another school or child care.

**Adjusted enrollment** is your total enrollment, minus the children not counted, and minus the children who are 18 months or younger (Question 2 minus Question 3 minus Question 4).

**Fill in the questions below for the children in your adjusted enrollment:**

6. How many children have no record? \_\_\_\_\_
7. How many children have a medical exemption? \_\_\_\_\_
8. How many children have a nonmedical exemption? \_\_\_\_\_
9. How many nonmedical exemptions are from:
  - the online module? \_\_\_\_\_
  - a health care practitioner? \_\_\_\_\_

| <b>For children in the adjusted enrollment, fill in the number who have vaccines and exemptions</b> |  |   |  |
|---|--|---|--|
| <i>Number of children with vaccines</i>   |  | <i>Number of children with nonmedical exemptions</i>    |  |
| DTaP (4 or more doses)  |  | DTaP nonmedical exemptions                              |  |
| Polio (3 or more doses)   |  | Polio nonmedical exemptions                             |  |
| Varicella (1 or more dose or history of chickenpox disease)   |  | Varicella nonmedical exemptions                         |  |
| MMR (1 or more dose)  |  | MMR nonmedical exemptions                               |  |
| Hepatitis B (3 or more doses)   |  | Hepatitis B nonmedical exemptions                       |  |
| Hepatitis A (1 or more dose)  |  | Hepatitis A nonmedical exemptions                       |  |
| Hib (Complete for Hib, or the child is 5 years old or older)  |  | Hib nonmedical exemptions                               |  |
| All (Child has all the above doses)   |  | All (Child has a nonmedical exemption for all vaccines) |  |

## Instructions for Page 3 - Section E

Complete this form when you have all the children's records updated, no later than 12 days after Exclusion Day.

Only count the children you included on the Section A report who are still enrolled. Do not count new children. If children have left your school or facility since you turned in the initial report, do not count them in the follow-up report. These children will be counted next year.

### **How many children younger than kindergarten were excluded on Exclusion Day?**

This is the number of children younger than kindergarten who were excluded at the start of the day on Exclusion Day. If any children in grades K-12 were excluded, report that number in section H. Also fill out which children were excluded in Section D, Page 2.

### **What is your total enrollment?**

This is the number of children enrolled in your school or facility or school.

### **How many children are not counted?**

Children who attend both a school and a child care facility are not counted by the child care. Children who attend more than one school or facility and spend more time at the other site should be included in this number.

### **How many children are 18 months or younger?**

This is the number of children 18 months of age or younger. This is based on the day you fill out the report.

### **What is your adjusted enrollment?**

This is the total number of children minus the children not counted and minus the children 18 months of age or younger.

### **How many children have no record?**

This is the number of children with no immunization or exemption records.

### **How many children have a medical exemption?**

This is any child that has a temporary or permanent medical exemption that has been approved by the local health department.

### **How many children have a nonmedical exemption?**

This is any child that has a nonmedical exemption for one or more vaccines. Include the number of children with a nonmedical exemption from the online vaccine education module or a health care practitioner.

### **Number of children with vaccines**

Enter the number of children with the specified doses for each vaccine. Children missing doses should not be counted in these numbers.

For Hib, count children if they have 4 doses of Hib vaccine, or 2-3 doses if the last dose was given at or after 12 months of age, or 1 dose if it was given at or after 15 months of age. Also, count any child who is at least 5 years of age.

For the All category, enter the number of children with all of the above specified vaccines, which you counted in each vaccine category.

### **Number of children with nonmedical exemptions**

Count the number of children who have a nonmedical exemption for each of the vaccines. *If a child has both the specified number of vaccines and an exemption for the vaccine, count the child in the vaccine category and do not count the child in the exemption category.* In the All category, count the number of children with nonmedical exemptions for all vaccines (and count these children in the individual vaccine categories also).

Tear off the back (yellow) copy of the form and keep it for your records for one year. The top (white) copy of this form, the top copy of Section H (if you have any grades K-12 at your school), and the top copy of Sections B, C, and D need to be turned in to the health department by 12 days after Exclusion Day. Electronic copies may also be submitted to your local health department.