New Jersey Department of Health Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

| Vacu | ine Fiev | entap | | 30030 | Flogia | | | 114 | | | | | | |
|---|-----------------------------|-------|--------------|-----------------------|-----------|--------|--------|---------------------------------|-----------|--------------------------------|--------|---------|--------------------------|----------------------|
| * Required Fields | | | | | | | | | | | | | | |
| *Name of School/Child Care Center | | | | | SR Sch | ool ID | 🗍 Pu | of School Iblic on-Public | | *Grades in School From: To: | | | Total School | Enrollment |
| *Facility Mailing Ad | ldress | | | · | | | *City | | · | | | *County | 1 | |
| *School District | | | *Sch | ool Cor | ntact Per | son | | *Telepho | one Num | ber *E | mail A | ddress | | |
| Child Care/ | Тс | otal | | Numt | ber D | eficie | nt/Exe | mpt/P | rovisi | onal | | | Total | |
| Preschool | | | | DTaP, DT, Td, Tdap | Polio | MMR | Hib | Hep B | Varicella | PCV13 | Flu | MCV4 | /4 Compliance /4 Rate | Children Excluded |
| Audit Date | | | | · • | | | | | | | | | | |
| Religious Exemptions | | | | | | | | | | | | | | |
| Medical Exemptions | | | | | | | | | | | | | | |
| Provisional Status | | | | | | | | | | | | | | |
| Re-Audit/Completion Date | | | | | | | | | | | | | | |
| New Rel. Exempt. | | | | | | | | | | | | | | |
| New Med. Exempt. | | | | | | | | | | | | | | |
| New Prov. Status | | | | | | | | | | | | | | |
| Varicella Disease Hi Total number of children rep varicella disease (confirmed serology, or parental stateme | orted to have by physician, | | lmmu Lack | | | | Recor | nmendation | ns: | | | | | |

| Kindergarten | Number Surveyed | Total | Number Deficient/Exempt/Provisional | | | | | | | | | | Total |
|--|-----------------------------|-------------|--|--------------------|-----|-------|----------|-----------|-------|-----|------|--------------------|----------------------|
| Grade 1 (Entry level) | | | DTaP, DT, Td, Tdap | Polio | MMR | Hib | Нер В | Varicella | PCV13 | Flu | MCV4 | Compliance Rate | Children Excluded |
| Audit | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| Religious Exemptions | | | | | | | | | | | | | |
| Medical Exemptions | | | | | | | | | | | | | |
| Provisional Status | | | | | | | | | | | | | |
| Re-Audit/Completion | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| New Rel. Exempt. | | | | | | | | | | | | | |
| New Med. Exempt. | | | | | | | | | | | | | |
| New Prov. Status | | | | | | | | | | | | | |
| Varicella Disease Hi Total number of children rep- varicella disease (confirmed serology, or parental stateme | orted to have by physician, | Imm Lack | umentatio iunization < of Enford er Problen | Deficien cement | | Recom | nendatio | ons: | | | | | |

| LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION | | | | | | | | | | | |
|---|------------------|-------------------|----------------|--|--|--|--|--|--|--|--|
| *Name of Reviewer | *Auditing Agency | *Telephone Number | *Email Address | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

IMMUNIZATION AUDIT REPORT, Continued

| Grade 6 | Number Surveyed | Total Childrer | DTaP, DT, | N u m l Polio | ber De MMR | ficien Hib | t/Exe HepB | m p t / P Varicella | rovisi PCV13 | onal Flu | MCV4 | Compliance Rate | Total Children |
|--|-----------------------------|-------------------|--|--------------------|---------------|---------------|---------------|------------------------|-----------------|-------------|--------|--------------------|----------------------|
| Audit | ourveyeu | Deficient | t Td, Tdap | FOIIO | | | перв | vancena | FGVIS | FIU | WIC V4 | Nuto | Excluded |
| Date | | | / | | | | | | | | | | |
| Religious Exemptions | | | | | | | | | | | | | |
| Medical Exemptions | | | | | | | | | | | | | |
| Provisional Status | | | | | | | | | | | | | |
| Re-Audit/Completion Date | | | | | | | | | | | | | |
| New Rel. Exempt. | | | | | | | | | | | | | |
| New Med. Exempt. | | | | | | | | | | | | | |
| New Prov. Status | | | | | | | | | | | | | |
| Varicella Disease Hi Total number of children repr varicella disease (confirmed serology, or parental stateme | orted to have by physician, | Imr Lac | cumentatic nunization k of Enfor er Probler | Deficien cement | | Recom | mendatic | ons: | | | | | |
| Transfers | Number | Total Children | DTaP, DT, | | | | | mpt/P | | | | Compliance | Total Children |
| (Any Grade) Audit | Surveyed | Deficient | Td, Tdap | Polio | MMR | Hib | Hep B | Varicella | PCV13 | Flu | MCV4 | Rate | Excluded |
| Date | | | | | | | | | | | | | |
| Religious Exemptions | | | | | | | | | | | | | |
| Medical Exemptions | | | | | | | | | | | | | |
| Provisional Status | | | | | | | | | | | | | |
| Re-Audit/Completion Date | | | | | | | | | | | | | |
| New Rel. Exempt. | | | | | | | | | | | | | |
| New Med. Exempt. | | | | | | | | | | | | | |
| New Prov. Status | | | | | | | | | | | | | |
| Varicella Disease Hi Total number of children reporvaricella disease (confirmed serology, or parental stateme | orted to have by physician, | ☐ Imr ☐ Lac | cumentatic nunization k of Enfor er Probler | Deficien cement | | Recom | mendatic | ons: | | | | | |
| Special Educ./ | | Total | | Numl | ber De | ficien | t/Exe | mpt/P | rovisi | onal | | | Total |
| Unassigned Grades | Number Surveyed | | DTaP, DT, Td, Tdap | Polio | MMR | Hib | Нер В | Varicella | PCV13 | Flu | MCV4 | Compliance Rate | Children Excluded |
| Audit Date | | | | | | | | | | | | | |
| Religious Exemptions | | | | | | | | | | | | | |
| Medical Exemptions | | | | | | | | | | | | | |
| Provisional Status | | | | | | | | | | | | | |
| Re-Audit/Completion Date | | | | | | | | | | | | | |
| New Rel. Exempt. | | | | | | | | | | | | | |
| New Med. Exempt. | | | | | | | | | | | | | |
| New Prov. Status | | | | | | | | | | | | | |
| Varicella Disease Hi Total number of children repr varicella disease (confirmed serology, or parental stateme | orted to have by physician, | ☐ Imr □ Lac | cumentatic nunization k of Enfor er Probler | Deficien cement | | Recom | mendatic | ons: | | | | | |