

Hot Shots for Tots Campaign, 2026
Event Activity Form



Instructions: *Below is a description of each activity and the documentation required for each. Complete a separate event/activity form for each of the activities selected. Place a checkmark in the first column if you have completed the activity.*

Activity Selected	Activity Number	Activity Description	Additional Documentation
	8	Review the immunization registry to see how many of the students enrolled in your facility are in the NJIIS registry	<ul style="list-style-type: none"> • Complete and submit a pre-formatted Event/Activity Form for Activity 8; send letter to families. • Attach the parent letter that was sent home but remove all names. A sample parent letter is included in the Welcome Packet and on the website.
	10	Incorporate vaccine-preventable disease information into a lesson plan or classroom activity.	<ul style="list-style-type: none"> • Attach a copy of the lesson plan and the Event/Activity Form.
	13	Maintain an antigen-specific exemption list for all children in the facility.	<ul style="list-style-type: none"> • Provide a blank sample copy of the exemption form and the Event/Activity Form.
	14	Recognize and promote positive immunization behaviors.	<ul style="list-style-type: none"> • Complete the Event/Activity Form and include a blank copy of the thank you card or other example to promote positive immunization behaviors.
	16	Confirm if your facility has a mechanism for tracking required childhood immunizations for provisional students.	<ul style="list-style-type: none"> • Provide a blank sample copy of the provisional tracking form along with the Event/Activity Form.

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Organization name					
Activity number	X 8	10	13	14	16
Description of event/activity	<p>Reviewed the NJIIS Registry.</p> <p>1. Total number of students enrolled in your facility: <input type="text"/></p> <p>2. Number of students in your facility that are in the NJIIS registry: <input type="text"/></p> <p>3. Number of students whose immunization registry record matches with the health care provider hard copy record: <input type="text"/></p> <p>4. Number of students who have age-appropriate vaccine documentation for required immunizations: <input type="text"/></p>				
Date					
Time					
List of materials distributed (if applicable)					
List of number of materials distributed (if applicable)					
List of methods of distribution (if applicable)					

I included a copy of the letter and omitted the name of the parent and student.

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Organization name					
Activity number	8	X 10	13	14	16
Description of event/activity					
Date					
Time					
List of materials distributed (if applicable)					
List of number of materials distributed (if applicable)					
List of methods of distribution (if applicable)					

I included a copy of the lesson plan.

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Organization name					
Activity number	8	10	X 13	14	16
Description of event/activity					
Date					
Time					
List of materials distributed (if applicable)					
List of number of materials distributed (if applicable)					
List of methods of distribution (if applicable)					

I attached the blank exemption form that our school uses.

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Organization name					
Activity number	8	10	13	X 14	16
Description of event/activity					
Date					
Time					
List of materials distributed (if applicable)					
List of number of materials distributed (if applicable)					
List of methods of distribution (if applicable)					

I attached a blank copy of the thank you card or another type of material we sent to parents to promote positive immunization behaviors.

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Organization name					
Activity number	8	10	13	14	X 16
Description of event/activity					
Date					
Time					
List of materials distributed (if applicable)					
List of number of materials distributed (if applicable)					
List of methods of distribution (if applicable)					

I included a blank copy of the provisional tracking form.