

**Hot Shots for Tots Campaign, 2024-25**  
**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"> <li>• Complete and submit a pre-formatted Event/Activity Form for Activity 8; send letter to families.</li> <li>• 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.</li> </ul>
	10	Incorporate vaccine-preventable disease information into a lesson plan or classroom activity.	<ul style="list-style-type: none"> <li>• Attach a copy of the lesson plan and the Event/Activity Form.</li> </ul>
	13	Maintain an antigen-specific exemption list for all children in the facility.	<ul style="list-style-type: none"> <li>• Provide a blank sample copy of the exemption form and the Event/Activity Form.</li> </ul>
	14	Recognize and promote positive immunization behaviors.	<ul style="list-style-type: none"> <li>• Complete the Event/Activity Form and include a blank copy of the thank you card or other example to promote positive immunization behaviors.</li> </ul>
	16	Confirm if your facility has a mechanism for tracking required childhood immunizations for provisional students.	<ul style="list-style-type: none"> <li>• Provide a blank sample copy of the provisional tracking form along with the Event/Activity Form.</li> </ul>

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*Event Activity Form*



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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*Event Activity Form*



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

**I included a copy of the lesson plan.**

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

**I attached the blank exemption form that our school uses.**

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

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

**I included a blank copy of the provisional tracking form.**