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| New Jersey Department of Health  Vaccine Preventable Disease Program  \* Required Fields | IMMUNIZATION AUDIT REPORT |

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| **\***Name of School/Child Care Center | | | | | | **\***ASR School ID | | | | **\***Type of School  Public  Non-Public | | | | | **\***Grades in School  From: **\_\_\_\_** To: **\_\_\_\_** | | | | | | **\***Total School Enrollment | | | |
| **\***Facility Mailing Address | | | | | | | | | **\***City | | | | | | | | | | **\***County | | | | | |
| **\***School District | | | | **\***School Contact Person | | | | | | | | **\***Telephone Number | | | | | **\***Email Address | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Care/ Preschool | **Number Surveyed** |  | Total **Children Deficient** | | **Number Deficient/Exempt/Provisional** | | | | | | | | | | | | | | | | | Compliance Rate |  | Total Children Excluded |
| **DTaP, DT, Td, Tdap** | | **Polio** | **MMR** | | | **Hib** | | **Hep B** | Varicella | | **PCV13** | | Flu | | **MCV4** | |
| Audit  Date |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |
| Religious Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Medical Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Provisional Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Re-Audit/Completion  Date |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Rel. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Med. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Prov. Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Varicella Disease History  Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement) | |  | Documentation Problem  Immunization Deficiency  Lack of Enforcement  Other Problem | | | | | | Recommendations: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Kindergarten Grade 1 (Entry level) | **Number Surveyed** |  | Total **Children Deficient** | | **Number Deficient/Exempt/Provisional** | | | | | | | | | | | | | | | | | Compliance Rate |  | Total Children Excluded |
| **DTaP, DT, Td, Tdap** | | **Polio** | **MMR** | | | **Hib** | | **Hep B** | Varicella | | **PCV13** | | Flu | | **MCV4** | |
| Audit  Date |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |
| Religious Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Medical Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Provisional Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Re-Audit/Completion  Date |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Rel. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Med. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Prov. Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Varicella Disease History  Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement) | |  | Documentation Problem  Immunization Deficiency  Lack of Enforcement  Other Problem | | | | | | Recommendations: | | | | | | | | | | | | | | | |
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| LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Name of Reviewer | | | | \*Auditing Agency | | | | | | | | \*Telephone Number | | | | | \*Email Address | | | | | | | |
| Grade 6 | **Number Surveyed** |  | Total **Children Deficient** | | **Number Deficient/Exempt/Provisional** | | | | | | | | | | | | | | | | | Compliance Rate |  | Total Children Excluded |
| **DTaP, DT, Td, Tdap** | | **Polio** | **MMR** | | | **Hib** | | **Hep B** | Varicella | | **PCV13** | | Flu | | **MCV4** | |
| Audit  Date |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |
| Religious Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Medical Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Provisional Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Re-Audit/Completion  Date |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Rel. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Med. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Prov. Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Varicella Disease History  Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement) | |  | Documentation Problem  Immunization Deficiency  Lack of Enforcement  Other Problem | | | | | | Recommendations: | | | | | | | | | | | | | | | |
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| Transfers (Any Grade) | **Number Surveyed** |  | Total **Children Deficient** | | **Number Deficient/Exempt/Provisional** | | | | | | | | | | | | | | | | | Compliance Rate |  | Total Children Excluded |
| **DTaP, DT, Td, Tdap** | | **Polio** | **MMR** | | | **Hib** | | **Hep B** | Varicella | | **PCV13** | | Flu | | **MCV4** | |
| Audit  Date |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |
| Religious Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Medical Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Provisional Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Re-Audit/Completion  Date |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Rel. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Med. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Prov. Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Varicella Disease History  Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement) | |  | Documentation Problem  Immunization Deficiency  Lack of Enforcement  Other Problem | | | | | | Recommendations: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Educ./ Unassigned Grades | **Number Surveyed** |  | Total **Children Deficient** | | **Number Deficient/Exempt/Provisional** | | | | | | | | | | | | | | | | | Compliance Rate |  | Total Children Excluded |
| **DTaP, DT, Td, Tdap** | | **Polio** | **MMR** | | | **Hib** | | **Hep B** | Varicella | | **PCV13** | | Flu | | **MCV4** | |
| Audit  Date |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |
| Religious Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Medical Exemptions |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| Provisional Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Re-Audit/Completion  Date |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Rel. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Med. Exempt. |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
| New Prov. Status |  |  |  | |  | |  |  | | |  | |  |  | |  | |  | |  | |  |  |  |
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| Varicella Disease History  Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement) | |  | Documentation Problem  Immunization Deficiency  Lack of Enforcement  Other Problem | | | | | | Recommendations: | | | | | | | | | | | | | | | |