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| New Jersey Department of HealthVaccine 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 SchoolFrom: **\_\_\_\_** 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Varicella Disease HistoryTotal 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/CompletionDate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Rel. Exempt.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Med. Exempt.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Prov. Status  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Varicella Disease HistoryTotal 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: |
|  |
| 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** |
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| Religious Exemptions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medical Exemptions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provisional Status |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Re-Audit/CompletionDate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| New Med. Exempt. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Prov. Status |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Varicella Disease HistoryTotal 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: |
|  |
| [ ]  Transfers (Any Grade) | **Number Surveyed** |  | Total**Children Deficient** | **Number Deficient/Exempt/Provisional** | Compliance Rate |  | Total Children Excluded |
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| Audit Date |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Religious Exemptions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medical Exemptions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provisional Status |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Re-Audit/CompletionDate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Rel. Exempt. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Med. Exempt. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Prov. Status |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Varicella Disease HistoryTotal 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 |
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| Medical Exemptions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provisional Status |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| New Med. Exempt. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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