

IMMUNIZATION AUDIT REPORT

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|------------------|-----------------|------------------|
| Name of Reviewer | Auditing Agency | Telephone Number |
|------------------|-----------------|------------------|

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|--------|----------|--------------------------|
| County | District | School/Child Care Center |
|--------|----------|--------------------------|

Type of School (*Select One*)
 Public School
 Non-Public School
 Preschool
 Charter
 Abbott School/Program

| | |
|------------------|--------------|
| Facility Address | Municipality |
|------------------|--------------|

| | |
|------------------------|------------------|
| Name of Contact Person | Telephone Number |
|------------------------|------------------|

| | | | |
|--|--|-----------------------------|-----------------|
| Type of Audit <input type="checkbox"/> Audit Date: _____ <input type="checkbox"/> Re-Audit Date: _____ | Overall Compliance Results: _____ % Results: _____ % | Total Enrollment for School | Grades Surveyed |
|--|--|-----------------------------|-----------------|

FINAL AUDIT RESULTS

| Results of Audit/ Re-Audit | Total Pupils | DtaP DT Td Tdap | Polio | Measles | Mumps | Rubella | Hib | Hep B | Varicella | PCV 7 | Influenza | MCV4 |
|-------------------------------|--------------|--------------------------|-------|---------|-------|---------|-----|-------|-----------|-------|-----------|------|
| Number Deficient | | | | | | | | | | | | |
| Number Surveyed | | | | | | | | | | | | |
| Percent Deficient | | | | | | | | | | | | |

NOTES:

- If you performed a school re-audit, only indicate the final audit results. The initial audit results should be retained on file by the local health department, according to LHD record retention protocol. The re-audit results should reflect improvements in the overall compliance rates; if not, further intervention is warranted to affect a 95% (daycare) or 90% (elementary) compliance rate. Please submit the final audit report to NJDHSS and retain a copy for your files.
- The new audit worksheet is to be kept as an internal tracking record for local health departments to follow up. Please leave a copy of the audit report and worksheet with the school and retain a copy for your files.
- Refer to N.J.A.C. 8:57-4 for minimum immunization requirements.

Select appropriate box(s) for comments and attach additional sheets if necessary:

- Documentation Problem
 Immunization Deficiency Problem
 Lack of Enforcement
 Other Problem
 Recommendations
