

STATE OF ALASKA ANNUAL IMMUNIZATION STATUS REPORT

Submit by: December 14, 2015

October 27, 2015

Mail or fax completed form to: Alaska Immunization Program
School/Child Care Immunization Status Report
3601 C Street, Suite 540
Anchorage, Alaska 99503
or fax to (907) 561-0847

Please provide your facility information:

Facility name _____

Administrator's name _____

Mailing address _____

City, State, Zip _____

Physical address _____

Facility phone _____

Please complete ALL information below:

Facility Contact Person: _____

Facility Contact Phone #: _____

Facility Type (based on licensure/certification):

Please check ALL that apply.

Child Care: _____ **Preschool:** _____ **Head Start:** _____



Questions?
Contact the
Alaska Immunization Program
(907) 269-8088 in Anchorage or toll free 1-888-430-4321



Complete for children enrolled in Child Care, Preschool, or Head Start

In order to determine if a child is compliant with Alaska immunization requirements, you must consider:

- the child's age
- the child's grade
- whether the child's vaccine history indicates:
 - (a) verification by a medical provider, and
 - (b) complete dates for all doses received, and
 - (c) valid spacing of doses, or
 - (d) valid documentation of disease history or exemption

Compliance information may be found in the *State of Alaska Child Care & School Immunization Requirements Packet Revised 08/2010*. This packet may be obtained from the Alaska Immunization Program or found on the Web at: www.epi.alaska.gov/immunize

(1) TOTAL NUMBER of children (regardless of age and/or grade)	
(2) TOTAL NUMBER of children with immunization records available for review	
(3) Overall Compliance (see <i>State of Alaska Child Care & School Immunization Requirements Packet Revised 08/2010</i>) (a) Number of children COMPLIANT with Alaska immunization requirements "Compliant" means the child: <ul style="list-style-type: none"> • has medically verified documentation of immunization doses meeting minimum age and spacing requirements • is in a waiting period prior to receiving additional doses, or • has valid documentation of disease history/immunity, or • has a valid medical or religious exemption 	
(b) Number of children NONCOMPLIANT with Alaska immunization requirements (child does not meet criteria for compliance)	
Add 3a + 3b and write total in box. This should equal the total number of children in the facility.	Total of 3a+3b
(4) Compliance for Specific Vaccines (for definition of "compliance" see 3a above) Number of children compliant for:	
DTP/DTaP/DT/Td/Tdap	
Polio	
MMR	
Hib	
Hepatitis A	
Hepatitis B	
Varicella	
(5) TOTAL NUMBER of children with:	
A valid religious exemption	
A valid medical exemption (Exclude disease history/immunity)	