

STATE OF ALASKA ANNUAL IMMUNIZATION STATUS REPORT

Submit by: December 19, 2016

October 25, 2016

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.

Childcare

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 immunity or exemption

Compliance information may be found in the *State of Alaska Child Care & School Immunization Requirements Packet*. This packet may be obtained from the Alaska Immunization Program or found 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</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 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.	
(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 immunity)	