

**SCHOOL IMMUNIZATION-CATCH UP (SICU) PROGRAM
2015-2016 SCHOOL YEAR – FINAL RESULTS FORM
DUE BY MAY 24, 2016**

All of the questions on this form pertain to the students that were vaccinated through the SICU Program only. Complete and submit this form to the following address by **May 24, 2016**. Please ensure that a Final Results Form is completed whether the school or an outside organization conducts the clinic.

Nursing Services Consultant
Division of Immunizations
Pennsylvania Department of Health
Room 1026 | Health and Welfare Building
625 Forster St | Harrisburg, PA 17120-0701
Phone: 717-787-5681 | Fax: 717-214-7223

Name of school district: _____ County _____

Name of School(s): _____

- 1) Number of varicella vaccine doses administered through the SICU Program: _____
- 2) Number of Hepatitis B vaccine doses administered through the SICU Program: _____
- 3) Number of Tdap vaccine doses administered through the SICU Program: _____
- 4) Number of MCV vaccine doses administered through the SICU Program: _____
- 5) Number of DTaP vaccine doses administered: through the SICU Program _____
- 6) Number of MMR vaccine doses administered through the SICU Program: _____
- 7) Number of polio vaccine doses administered through the SICU Program: _____

Indicate the amount and expiration date of unused vaccines:

_____ Hepatitis B	_____ DTaP	_____ Tdap
_____ MCV	_____ MMR	_____ Polio
_____ Varicella		

NOTE: Any unused doses must be returned; notify your local health department as soon as possible.

Comments: _____

Thank you for your assistance in this program.