

SCHOOL IMMUNIZATION CATCH UP (SICU) PROGRAM
2014/2015 SCHOOL YEAR – FINAL RESULTS FORM
DUE BY MAY 24, 2015

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, 2015**. 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 | H & W Building
625 Forster Street | 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: _____
- 2) Number of Hepatitis B vaccine doses administered: _____
- 3) Number of students who completed the entire Hepatitis B series: _____
- 4) Number of students who received the Tdap vaccine: _____
- 5) Number of students who received the MCV vaccine: _____
- 6) Indicate the amount and expiration date of unused vaccines:
Hepatitis B _____ Tdap _____
MCV _____ 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.