

**SCHOOL IMMUNIZATION CATCH-UP (SICU)
PROGRAM 2018-2019 SCHOOL YEAR RESULTS FORM
DUE BY the end of 2019 school year.**

All 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 the end of the **2019** school year. 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.