SCHOOL IMMUNIZATION-CATCH UP (SICU) PROGRAM
2020-2021 SCHOOL YEAR – FINAL RESULTS FORM
DUE BY MAY 24, 2021

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, 2021. 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 Tdap vaccine doses administered: ________________________________________
4) Number of MCV vaccine doses administered: ________________________________________
5) Number of DTaP vaccine doses administered: ________________________________________
6) Number of MMR vaccine doses administered: ________________________________________
7) Number of Polio vaccine doses administered: _________________________________________

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.

07/2020