INSTRUCTIONS ON COMPLETING THE IMMUNIZATION ASSESSMENT REPORT FOR HAWAII CHILDCARE FACILITIES (EPI 12 A)

It is the responsibility of the principal or administrator to ensure that the childcare facility only admits children who meet the health requirements for childcare facility attendance. All childcare facilities are required to complete the Immunization Assessment Report (EPI 12A) on the status of enrolled children who have not completed the health requirements for childcare facility attendance. The Immunization Assessment Report is due on October 10th and January 10th of each year. The Immunization Assessment Report is required even if all children have met the immunization and examination requirements.

An electronic version (Excel) of the EPI 12A form is available at the following website address: https://health.hawaii.gov/docd/resources/reports/school-assessment-reports/
Childcare facilities are strongly encouraged to use the electronic version to complete the Immunization Assessment Report. The ability to save data from the first report will assist childcare facilities in completing the second report, due in January. Send completed electronic reports to: doh.schoolreports@doh.hawaii.gov.

SECTION 1:
Complete the following information:
2) School Name and Location Address
3) Telephone and Fax numbers
4) Email of person preparing Immunization Assessment Report

SECTION 2:
Complete the following information:
1) Total enrollment (preschool students only).
2) Name of person who prepared the report, title, and date report completed
3) If all students meet the Immunization and Examination Requirements, check “Yes,” have Principal or Director sign at the bottom, and submit form to the Department of Health Immunization Branch. On the electronic form, enter the name of the Principal or Director to indicate that the report has been reviewed and approved by the Principal or Director. If any student has a missing physical examination, missing immunizations, or has a Medical or Religious Exemption, or no health record at all, check “No” and proceed to section 3.

SECTION 3:
1) List the name, date of birth, and entry date for each child who has:
   a. No immunization record
   b. Religious exemption
   c. Medical exemption
   d. Missing Immunizations
   e. Missing Physical Examination
   Use the format MM/DD/YY for birth date and entry date.
2) If the parent/guardian does not submit a health record, mark an X in the No Record column. Do not enter any additional X’s under missing immunizations if the student has No Record.
3) If the parent/guardian submits a Religious Exemption Form, mark an X in the Religious Exemption column. Do not enter any additional X’s under missing immunizations if the student has a Religious Exemption. Mark an X in the PE column if student does not have a physical examination.
4) If the parent/guardian submits a Medical Exemption Form, mark an X in the Medical Exemption column. In addition, mark an “X” in the column of the vaccine dose(s) to indicate the medically exempt vaccine(s).
5) For each child missing immunizations, mark an X in the column of the vaccine dose(s) to indicate the missing vaccines.
6) For each child missing the Physical Examination, mark an X in the PE column.
7) Once the form is completed and signed by the Principal or Director, send the form to the Department of Health, Immunization Branch:

Mail: State of Hawaii Department of Health
      Immunization Branch
      P.O. Box 3378
      Honolulu, HI 96801

Fax: (808) 586-7511

Secure Email: doh.schoolreports@doh.hawaii.gov

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