

Hot Shots for Tots Campaign, 2019-20
Event Activity Form



Instructions: Below is a description of each activity and the documentation required for each. Complete a separate event/activity form for each of the activities selected. Place a check mark in the first column if you have completed the activity.

Activity Selected <i>(check if selected)</i>	Activity Number	Activity Description	Additional Documentation
	10	Participate in national immunization public health observances.	<input type="checkbox"/> In the description, include the name of the immunization awareness event.
	13	Incorporate vaccine-preventable disease information into a lesson plan and/or classroom activity.	<input type="checkbox"/> Attach a copy of the lesson plan along with the Event/Activity Form.
	14	Maintain an antigen-specific exemption list for all children in the facility.	<input type="checkbox"/> Provide a blank sample copy of the form along with the Event/Activity Form.
	15	Recognize and promote positive immunization behaviors.	<input type="checkbox"/> List the method of distribution (e.g., email, mail) <input type="checkbox"/> You may attach a sample copy of the message.
	17	Post educational materials on immunization/communicable disease-related topics (e.g. flu vaccine requirement, handwashing) in facility.	<input type="checkbox"/> Include a description of the materials you posted in your facility. <input type="checkbox"/> You may provide photos of the posted materials.
	18	Provide information to parents about childhood immunizations.	<input type="checkbox"/> Describe the materials you distributed to parents. List the method of distribution (e.g., email, mail, etc.).
	19	Distribute immunization information to parents/guardians and grandparents about adult immunizations.	<input type="checkbox"/> Include a description of the adult immunization materials you gave to parents and/or grandparents (e.g., NJ Department of Health’s adult immunization brochure, CDC adult immunization schedule) <input type="checkbox"/> List the method of distribution (e.g., email, mail)
	20	Confirm facility has a mechanism for tracking required childhood immunizations for provisional students.	<input type="checkbox"/> Describe your method used for tracking students who were provisionally admitted. Indicate if you used a form to track these students (e.g. NJ Department of Health’s Provisional Admission Student Tracking Form). <input type="checkbox"/> If you use your own form, attach a sample (blank) copy.

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Organization name								
Activity number	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20
Description of event/activity								
Date								
Time								
List of materials distributed (if applicable)								
List of number of materials distributed (if applicable)								
List of method of distribution (if applicable)								

Submit additional documentation if necessary.

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