Report Date: August 18, 2016

Immunization Schedule Specified for Clients

People of age at least (months) 19
but not yet of age (months) 36
Minimum Doses of DTaP/DT/Td/Tdap 4
Minimum Doses of IPV 3
Minimum Doses of MMR 1
Minimum Doses of HIB 3
Minimum Doses of HepB 3
Minimum Doses of Varicella 1
Minimum Doses of PCV7/13 (Prevnar) 4
Minimum Doses of HepA 2
Minimum Doses of Rotavirus 0
Minimum Doses of Influenza 0
Minimum Doses of Meningococcal 0
Minimum Doses of HPV 0
Gender All
Patient Status Standard
Migrant People Exclude
*: People may be considered compliant for Hib and PCV7 even if they do not meet minimum number of doses stipulated if they are assessed as complete.

HEALTH PLAN SUMMARY

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients That Meet Above Criteria</td>
<td>6202</td>
<td>53</td>
</tr>
<tr>
<td>Clients Not Meeting Above Criteria</td>
<td>5556</td>
<td>47</td>
</tr>
<tr>
<td>Total Number of Clients Evaluated</td>
<td>11758</td>
<td>100</td>
</tr>
</tbody>
</table>