

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Mohanty 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Salini	Given Name (First Name) 2. Surname (Last Name) ini Mohanty			3. Date 16-September-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam Paul Delamater	e
5. Manuscript Title Assessment of Ex		ation in California, 2015-20	027	
6. Manuscript Ider M19-1933	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add Are there any rel	ı) with entities as descri	ibed in the instructions. Us port relationships that wer	•	tionships (regardless of amount ld as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Mohanty 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abbelow.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

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patent

Buttenheim 1



Section 1.	Identifying Inform	ation			
1. Given Name (First	t Name)	2. Surname (Last Name) Buttenheim		3. Date 27-September-2019	
4. Are you the corre	Are you the corresponding author?		Corresponding Author's Name Paul Delamater		
5. Manuscript Title "Assessment of Ex	emptions from Vaccir	nation in California, 2015-2	2027"		
6. Manuscript Ident	ifying Number (if you kn	ow it)			
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Section 2.	The Work Under Co	onsideration for Public	cation		
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Section 3.					
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of compensation)	with entities as descri	bed in the instructions. Us	se one line for each entity; ac	ntionships (regardless of amount dd as many lines as you need by onths prior to publication.	
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Do you have any p	patents, whether plani	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No	

Buttenheim 2



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Dr. Buttenheim has nothing to disclose.

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Delamater 1



Section 1.	Identifying Inform	ation				
1. Given Name (Firs Paul	t Name)	2. Surname (Last Na Delamater	me)		3. Date 17-September	-2019
4. Are you the corre	esponding author?	✓ Yes No				
5. Manuscript Title Assessment of Ex	emptions from Vaccina	ation in California, 2	015-2027			
6. Manuscript Ident	tifying Number (if you kn	ow it)				
Section 2.						
Section 2.	The Work Under Co	onsideration for I	Publication			
any aspect of the su statistical analysis, e Are there any rele If yes, please fill ou	itution at any time receing the state of t	but not limited to grast? Yes rmation below. If yo	nts, data monitorin	g board, study o	design, manuscript	preparation,
Name of Institution	on/Company	Grant? Persona Fees?	Non-Financial Support?	Other? Co	omments	
National Institutes of H	lealth	√				
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Section 3.	Relevant financial a	activities outside	the submitted	work.		
of compensation) clicking the "Add Are there any rele	ne appropriate boxes in with entities as descril +" box. You should rep vant conflicts of intere	bed in the instruction Port relationships th	ns. Use one line f	or each entity;	; add as many line	es as you need by
Section 4.	Intellectual Proper	ty Patents & Co	pyrights			
Do you have any լ	oatents, whether planr	ned, pending or issu	ed, broadly relev	ant to the worl	k? ☐ Yes 🗸	No

Delamater 2



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Dr. Delamater reports grants from National Institutes of Health, during the conduct of the study; .

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Nicola	2. Surname (Last Name) Klein		3. Date 18-September-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Assessment of Exemptions from Vaccir	nation in California, 2015-2	2027	
6. Manuscript Identifying Number (if you k M19-1933	now it)		
Section 2. The Work Under C	onsideration for Publi	ication	
Did you or your institution at any time receany aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of inter	est? Yes No		
If yes, please fill out the appropriate inf Excess rows can be removed by pressin	•	ve more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant'	on-Financial Support?	Comments
National Institute of Health	✓		sub-contract to PI Omer
Continu 2			
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. U	lse one line for each en	itity; add as many lines as you need by
Are there any relevant conflicts of inter	est? 🗸 Yes 🗌 No		
If yes, please fill out the appropriate inf	ormation below.		
Name of Entity	Grant•	on-Financial Other?	Comments
GlaxoSmithKline	✓		
Sanofi Pasteur	✓		
Merck & Co	✓		



Name of Entity	Grant	Personal Fees?	Non-Financial Support	Other?	Comments	
Protein Science (now Sanofi Pas	eur)					
Pfizer	✓					
Continue						
Section 4. Intellec	tual Property Pat	tents & Cop	yrights			
Do you have any patents, v	vhether planned, pend	ding or issuec	d, broadly releva	nt to the v	vork? ☐ Yes ✓ No	
Section 5. Relatio	nships not covered	l above				
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Section 6. Disclosi	ure Statement					
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	, grants from Merck &				dy; grants from GlaxoSmithKline, anofi Pasteur), grants from Pfizer,	



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Omer 1



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1. Given Name (Fi Saad B.	iven Name (First Name) 2. Surname (Last Name) 3. B. Omer		3. Date 30-September-2019	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam Paul Delamater	ne
5. Manuscript Title Assessment of Ex		ation in California Schoolc	hildren, 2015-2027	
6. Manuscript lder	ntifying Number (if you kr	now it)		
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Omer 2



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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information	ation		
Given Name (First Name) daniel	2. Surname (Last Name) salmon		3. Date 09-October-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Assessment of Exemptions from Vaccina	tion in California, 2015-20)27	
6. Manuscript Identifying Number (if you known M19-1933	ow it)	_	
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Dr. salmon reports grants from NIH, during the conduct of the study; personal fees from Merck, grants from Walgreens, outside the submitted work; .

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