

ANNUAL KINDERGARTEN IMMUNIZATION REPORT

Report as of calendar day 30 after the first day of attendance

1a. County			1b. School District								
2.	School Type (check one) Public Private Independent			Private Religious □Charter □ Federal							
	LEA/School Code Number School Name										
5.	Address										
6.	City	7.	Zi	p Code							
8.	Phone Number () -	9.	Pr	incipal's	Name						
10.	Principal's Email										
11.	Name of person completing report	12.	Ti	tle of pe	erson co	ompletir	ng repo	rt			
13.	Email of person completing report		_								
	Does your school have any kindergarter school year? (circle one) Yes No		de	nts enro	olled for	the 20°	16-2017				
	MUNIZATION SUMMARY a. Official School Start Date					/	/				
	b. Date of Immunization Assessment				_	/	/.				
	Total kindergarten enrollment					/	/ -				
Ple of	ease do not report on student immunizatio the new school year. Do not count studen endar days in school.					_		e start			
17.	Students with an immunization record a	and <u>r</u>	<u>10</u>	exempti	ions on	file	_				
	Students with an immunization record <u>s</u> Students with <u>only</u> a medical and/or rel immunization record			•			– <u>10</u> –				
20	.Students with <u>neither</u> an immunization	reco	rd	<u>nor</u> exe	mption	on file	+ _				
Ca	Total number of students reviewed (sun lculate #21 by adding #17-#20. The total ke total number of students reviewed (#21)	inder	ga	rten enr							

students and that your enrollment numbers are correct if they do not match.



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MEDICAL EXEMPTIONS

	f those students them are for m	who have an exemptedical reasons?	tion fo	r immunizations	s, how many	
		se students are medic	ally e	xempt for all vac	ccines?	
24.0	=	who are <u>not</u> medical	-	·		are
a.	DTaP?		d.	Hepatitis B?		
b.	Polio?		e.	Hib?		
C.	MMR?		f.	Varicella?		
RELIG	GIOUS EXEMPT	IONS				
		who have an exempt ligious reasons?	tion fo	r immunizations	s, how many	
26. H	ow many studer	nts are religiously exe	mpt fo	or:		
a.	DTaP?		d. H	epatitis B?		
b.	Polio?		e. H	ib?		
C.	MMR?		f. Va	aricella?		
VAC	CINE COVERAC	GE				
27. H	ow many studer	nts are up-to-date on	<u>all</u> red	quired vaccines?		
	f those students ate for:	who have an immuni	izatior	n record on file, l	how many are ι	ıp-to-
	DTaP (5/4 dos	ses)?	d	. Hepatitis B (3	doses)?	
b.	Polio (4/3 dos	es)?		Hib?		
	MMR (2 doses)		f.	Varicella (2 dc	oses)?	
Сом	IPLIANCE					
29. H	ow many studer	nts are missing docum	nentat	ion for:		
a.	DTaP?		d. H	epatitis B?		
b.	Polio?		e. H	ib?		
C.	MMR?		f. Va	aricella?		
re		nts did not meet the n the <u>first day</u> of attend requirements?				
	-	nts did not meet the n of the assessment date		ım immunizatior	n	
32. H	ow many studer	nts were noncomplian		ne 31 st calendar (day and	
33. H	ow many studer	le to immunizations? hts were "in process" a me to obtain the requ			•	