

KINDERGARTEN ANNUAL REPORT

School Year:
 Completed By (Name and Title):
 Phone Number:
 School:

PART 1: EXEMPTIONS

Vaccine	Medical	Religious	Personal	Total Exemptions
DTap, DTP, or Td				
Polio				
MMR				
Hepatitis A				
Hepatitis B				
Varicella				

TOTAL NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION _____
 (This is the number of exemption forms you have)

TOTAL NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION FOR ALL VACCINES _____

TOTAL NUMBER OF STUDENTS WHO HAVE BOTH A RECORD OF VACCINATION AND AN EXEMPTION _____

PART 2: NUMBER OF CONDITIONAL STUDENTS _____
 (Students that have started immunizations, but its not time yet for the next dose)

PART 3: NUMBER NON-COMPLIANT STUDENTS _____
 (Should have been excluded on the first day of school)

PART 4: ADEQUATE FOR SCHOOL ENTRY

- a. Number of students who have had a history of chicken pox _____
- b. Number of students who have received all doses of each required vaccine _____
- c. Total number of adequate students (sum of part a and b) _____
- d. Total number of students who DO NOT have documentation of varicella vaccination or DO NOT have documentation of chickenpox disease _____

PART 5: TOTAL NUMBER OF STUDENTS ENROLLED _____

HOW MANY STUDENTS ARE ENROLLED IN SCHOOL UNDER MCKINNEY-VENTO ACT AND LACK COMPLETE VACCINATIONS OR ARE MISSING RECORDS _____

PART 6: BREAKDOWN OF CONDITIONAL AND/OR NON-COMPLIANT STUDENTS

- a. Students with less than the required number of **DTP/DTap or Td** vaccine _____
- b. Students with less than the required number of **polio** vaccine _____
- c. Students with less than the required number of **MMR** vaccine _____
- d. Students with less than the required number of **Hepatitis A** vaccine _____
- e. Students with less than the required number of **Hepatitis B** vaccine _____
- f. Students with less than the required number of **varicella** vaccine _____
- g. Students with **no immunization records** _____