

KINDERGARTEN ANNUAL REPORT

School Year:
Completed By (Name and Title):

Phone Number:
School:

PART 1: NUMBER OF KINDERGARTEN STUDENTS ENROLLED _____

PART 2: 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)

NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION FOR ALL VACCINES _____

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

TOTAL NUMBER OF STUDENTS THAT HAD NEITHER DOCUMENTATION OF VACCINATION NOR DOCUMENTATION OF EXEMPTION _____

PART 3: NUMBER OF CONDITIONAL STUDENTS ENROLLED ON THE FIRST DAY OF SCHOOL _____
(Students that have started immunizations, but its not time yet for the next dose)

PART 4: HOW MANY STUDENTS WERE ON EXTENDED CONDITIONAL ENROLLMENT ON THE FIRST DAY OF SCHOOL BECAUSE:

- a. More time was medically recommended to complete all required vaccine doses _____
- b. School principal or administrator and a school nurse, a health official, or a health official designee agreed that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period _____
- c. Total number of students who are on extended conditional enrollment (sum of 4a and 4b) _____

PART 5: NUMBER OF NON-COMPLIANT STUDENTS _____

PART 6: HOW MANY STUDENTS HAVE RECEIVED ALL DOSES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY? _____

PART 7: HOW MANY STUDENTS HAVE PROOF OF HISTORY OF DISEASE FOR ANY OF THE FOLLOWING VACCINES?

- a. DTaP _____
- b. Polio _____
- c. MMR _____
- d. Hep A _____
- e. Hep B _____
- f. Varicella (chicken pox) _____
- g. Total number of students with past history of disease _____

PART 8: HOW MANY STUDENTS ARE ENROLLED IN SCHOOL UNDER MCKINNEY-VENTO ACT AND LACK COMPLETE VACCINATIONS OR ARE MISSING RECORDS _____

PART 9: TOTAL NUMBER OF STUDENTS ENROLLED _____

PART 10: BREAKDOWN OF CONDITIONAL AND/OR EXTENDED CONDITIONAL ENROLLMENT 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** _____
- h. Students with no exemption form _____
- i. Number of students with no proof of history of disease _____