KINDERGARTEN FALL REPORT

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

PART 1: NUMBER OF KINDERGARTEN STUDENTS ENROLLED ________

PART 2: EXEMPTIONS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Medical</th>
<th>Religious</th>
<th>Personal</th>
<th>Total Exemptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. DTaP, DTP, or Td</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Polio</td>
<td></td>
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<tr>
<td>C. MMR</td>
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<tr>
<td>D. Hepatitis A</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>E. Hepatitis B</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>F. Varicella</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>G. Total number of kindergartners who claimed an exemption</td>
<td></td>
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</tbody>
</table>

H. NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION FOR ALL VACCINES ________

I. NUMBER OF STUDENTS WHO HAVE BOTH A RECORD OF VACCINATION AND AN EXEMPTION ________

J. TOTAL NUMBER OF STUDENTS THAT HAVE NEITHER DOCUMENTATION OF VACCINATION NOR DOCUMENTATION OF EXEMPTION (STUDENTS WITH NO RECORDS) ________

PART 3: HOW MANY STUDENTS ARE CONDITIONALLY ENROLLED? (THEY DID NOT PROVIDE THE SCHOOL WITH IMMUNIZATION RECORDS OR PROVIDED IMCOMPLETE IMMUNIZATION RECORDS) ________

PART 4: HOW MANY STUDENTS ARE ON EXTENDED CONDITIONAL ENROLLMENT BECAUSE:
   a. More time is 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 KINDERGARTEN STUDENTS ________

PART 6: 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 ________
g. Total number of students with past history of disease ________

PART 7: HOW MANY STUDENTS HAVE RECEIVED ALL DOES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY? ________

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 (TOTAL OF 2G, 3, 4C, 5, 6G, 7) ________

Updated 10/27/2021
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 B vaccine

e. Students with less than the required number of varicella vaccine

f. Students with less than the required number of hepatitis A vaccine

g. Students with no immunization records

h. Number of students who claimed they have an exemption, but did not turn in their exemption certificate/form

i. Number of students who claimed history of disease, but did not submit healthcare provider statement as proof of immunity