

# KINDERGARTEN FALL REPORT

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

Phone Number:  
School:

## PART 1: TOTAL NUMBER OF KINDERGARTEN STUDENTS ENROLLED \_\_\_\_\_

## PART 2: EXEMPTIONS

Vaccine	Medical	Religious	Personal	Total Exemptions
A. Total number of kindergartners who claimed an exemption (total number of exemption forms you have)				
B. DTap, DTP, or Td				
C. Polio				
D. MMR				
E. Hepatitis A				
F. Hepatitis B				
G. Varicella				

2H. NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION FOR ALL VACCINES \_\_\_\_\_

2I. NUMBER OF STUDENTS WHO HAVE BOTH A RECORD OF VACCINATION AND AN EXEMPTION \_\_\_\_\_

2J. TOTAL NUMBER OF STUDENTS THAT HAVE NEITHER DOCUMENTATION OF VACCINATION NOR DOCUMENTATION OF EXEMPTION (STUDENTS WITH NO RECORDS) \_\_\_\_\_

PART 3A: HOW MANY STUDENTS ARE ON A 30 DAY CONDITIONAL ENROLLMENT? \_\_\_\_\_

(Students who did not provide the school with immunization records or provided incomplete immunization records at the time of enrollment)

HOW MANY STUDENTS ARE ON EXTENDED CONDITIONAL ENROLLMENT BECAUSE:

3B. More time is medically recommended to complete all required vaccine doses \_\_\_\_\_

3C. 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 \_\_\_\_\_

3D. Total number of students who are on conditional enrollment/extended conditional enrollment (sum of 3A, 3B, and 3C) \_\_\_\_\_

PART 4: NUMBER OF NON-COMPLIANT KINDERGARTEN STUDENTS \_\_\_\_\_

Examples: students who lack immunization records, lack an exemption form, have an incomplete record, etc. after the conditional period has ended

**PART 5: 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 6: HOW MANY STUDENTS HAVE RECEIVED ALL DOSES OF EACH REQUIRED VACCINE FOR SCHOOL ENTRY?** \_\_\_\_\_

**PART 7: 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 \_\_\_\_\_

**7G. TOTAL NUMBER OF STUDENTS WITH NO IMMUNIZATION RECORDS** \_\_\_\_\_

**7H. TOTAL NUMBER OF STUDENTS WHO CLAIMED THEY HAVE AN EXEMPTION, BUT DID NOT TURN IN THEIR EXEMPTION CERTIFICATE** \_\_\_\_\_

**7I. TOTAL NUMBER OF STUDENTS WHO CLAIMED A HISTORY OF DISEASE, BUT DID NOT SUBMIT PROOF OF IMMUNITY?** \_\_\_\_\_

**PART 8: NUMBER OF STUDENTS WHO HAVE NEITHER DOCUMENTATION OF VARICELLA VACCINATION OR HISTORY OF CHICKENPOX** \_\_\_\_\_

**PART 9:** Gives a breakdown of the number of students who are up to date with each vaccine (should be populated automatically)

**PART 10: HOW MANY STUDENTS ARE ENROLLED IN SCHOOL UNDER MCKINNEY-VENTO ACT AND LACK COMPLETE VACCINATIONS OR ARE MISSING RECORDS** \_\_\_\_\_