

**KINDERGARTEN ANNUAL REPORT**

School Year:  
Completed By (Name and Title):

Phone Number:  
School:

**PART 1: NUMBER OF KINDERGARTEN STUDENTS ENROLLED ON THE FIRST DAY OF SCHOOL** \_\_\_\_\_

**PART 2: EXEMPTIONS**

Vaccine	Medical	Religious	Personal	Total Exemptions
A. DTaP, DTP, or Td				
B. Polio				
C. MMR				
D. Hepatitis A				
E. Hepatitis B				
F. Varicella				

**G. TOTAL NUMBER OF STUDENTS WHO CLAIMED AN EXEMPTION** \_\_\_\_\_  
(This is the number of exemption forms you have)

**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 HAD NEITHER DOCUMENTATION OF VACCINATION NOR DOCUMENTATION OF EXEMPTION** \_\_\_\_\_

**PART 3: HOW MANY STUDENTS DID NOT PROVIDE THE SCHOOL WITH A COMPLETE IMMUNIZATION RECORD AT THE TIME OF ENROLLMENT (CONDITIONAL ENROLLMENT)** \_\_\_\_\_

**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 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 7: HOW MANY STUDENTS HAVE RECEIVED ALL DOSES 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) \_\_\_\_\_

**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 \_\_\_\_\_

