

2017-18 SUMMARY REPORT ON THE IMMUNIZATION STATUS OF INCOMING KINDERGARTENERS IN YOUR SCHOOL

DATE _____/_____/_____ Name of District (if applicable): _____ Public Private
 Name of School: _____ Address: _____
 City & Zip: _____ IRN Number: _____
 County: _____ Grades in this report: KINDERGARTEN
 Name of Person Compiling Report: _____ Telephone: _____
 E-mail: _____ Title of Person Compiling Report: _____

Include all KINDERGARTENERS on this form

(Note: The answer for each box below must be a **number** (no checkmarks, etc.))

Enter the number of Kindergarten pupils in your school: A.

Enter the number of pupils from box "A" **WITH ALL REQUIRED IMMUNIZATIONS**:
 See the Work Sheet for the minimum requirements of complete immunizations. B.

EXEMPTIONS:
 Number of pupils from box "A" **WHO HAVE A MEDICAL CONTRAINDICATION ON FILE**: C.

*A physician or Certified Nurse Practitioner's signed statement, kept as part of the enrollee's records, is required.
 Do not include children "in process" in this category.*

Number of pupils from box "A" **WHO HAVE A REASON OF CONSCIENCE/RELIGIOUS OBJECTION ON FILE**: D.

A written statement, signed by a parent/guardian, stating the objection, must be on file as part of the enrollee's records

Record the number of pupils with exemptions (Medical Contraindication or Reason of Conscience or Religious Objection) for each of the following:

DTaP E.	Polio F.	MMR G.	Hep B H.	Varicella I.

Number of pupils from box "A" **NOT** complete and have **NO** exemption on file*

R
E
A
S
O
N

Record not on file

K.

Total number of pupils that fall into these categories (NOT DOSES):

NEED NEED NEED NEED NEED
DTaP Polio MMR Hep B Varicella

L. M. N. O. P.

*Include students "in process" but do NOT include pupils counted in boxes C or D above.

Indicate below the number of pupils listed in boxes L, M, N, O and P above who are considered to be 'in process'. 'In process' status applies to students who have not completed a required series of vaccines, but have at least one dose.

Total number in process (in process for 1 or more vaccine series): _____

LL. DTaP in process: _____

OO. Hep B in process: _____

MM. Polio in process: _____

PP. Varicella in process: _____

NN. MMR in process: _____

Math Check: Do boxes B + C + D + J = A? They must add up to equal A to ensure all students are accounted for

