2025-2026 SUMMARY REPORT ON THE IMMUNIZATION STATUS OF INCOMING KINDERGARTNERS IN YOUR SCHOOL

Date	Nam	e of District (i	f applicable):			☐ Public ☐ Priv	ate	
Iame of School:			_ Address:					
				IRN Number:				
County:				Grades in this report: <u>Kindergarten</u>				
	-			Telephone:				
mail:				Title of Person Compiling Report:				
nclude all Kindergartn Note: The answer for eac			number (no checkr	marks, etc.).				
Enter the number of kindergarten pupils in your school:							Α.	
Enter the number of pupils from box "A" WITH ALL REQUIRED IMMUNIZATIONS: See the Work Sheet for the minimum requirements of complete immunizations.							В.	
EXEMPTIONS:								
Number of pupils from box "A" WHO HAVE A MEDICAL CONTRAINDICATION ON FILE: 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.							c.	
Number of pupils from A written statement, sig.							D.	
Record the number of pu	upils with e	exemptions (M	ledical Contraindic	cation or Reason of 0	Conscience or Religio	ous Obiection) for	each of the followin	
DTaP		Polio		MMR	Hep B		Varicella	
E.		F		G.	н.		I.	
		···		<u> </u>				
Number of pupils from box "A" NOT complete and have NO exemption on file* R E A S O N	Record not on file	OR Record on file indicates	Need DTaP	Need Polio	Need MMR	Need Hep B	Need Varicella	
J.	K.		L.	М.	N.	0.	P.	
		٦			1			
	*Include	ے students "in ہ	process" but do NC	OT include pupils co	unted in boxes C or	D above.	•	
ndicate below the numb					•	•	• • •	
o complete the series.								
'otal number in process	(in proces	s for one or m	ore vaccine series)):				
L. DTaP in process:			OO: Hep	OO: Hep B in process:				
IM. Polio in process:			PP: Vari	cella in process:				
IN. MMR in process:		_						