



**IMMUNIZATION ANNUAL REPORT OF COMPLIANCE FOR KINDERGARTEN AND SEVENTH GRADE
COMPULSORY IMMUNIZATION - FLORIDA STATUTES 1003.22**

(A) Private School Information:

_____ **Date**

Name of School: _____			Information on the person completing this form:		
Address: _____					
City	County	Zip	Name: _____		
Name of Principal: _____			Position/Agency: _____		
			Phone Number: _____		

(B) Student Information: List students not fully immunized. Indicate type of exemption or out of compliance. Exemptions that expired before the date on this form are out of compliance.

Name (Last, First)	Grade	Medical Exemptions		Religious Exemption DH-681	30-Day Transfer Exemptions List Enrollment Date	Out of Compliance
		Temporary DH-680 (Part B) List Expiration Date	Permanent DH-680 (Part C)			
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 th <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

(C) Summary Information: Provide the total number of students in each category.

Grade	Students Enrolled in Grade	Fully Immunized Have DH Form 680 (Part A)	Medical Exemptions		Religious Exemption DH-681	30-Day Transfer Exemptions	Out of Compliance
			Temporary DH-680 (Part B)	Permanent DH-680 (Part C)			
Kindergarten							
Seventh							

Submit by October 1, 2012 to: County Health Department