



SUMMARY REPORT ON THE IMMUNIZATION STATUS OF KINDERGARTEN STUDENTS ENROLLED IN SCHOOL

State Form 48973 (R10 / 8-08)
IC 20-34-4-6

SCHOOL YEAR _____

| | | | |
|----------------------------|-------------------------|--------------------|--|
| Name of School Corporation | | CODES | |
| Name of School | | County Number | |
| Address of School | | Corporation Number | |
| City | County | School Number | |
| Zip Code | School Telephone Number | | |

K

Each school that has their own school number listed in the Indiana School Directory, published by the Department of Education, must submit a **separate** report. The answer for each box below must be a number (**No Check Marks, etc.**)

ENTER IN BOX THE NUMBER OF KINDERGARTEN STUDENTS IN YOUR SCHOOL: A.

NUMBER OF STUDENTS FROM BOX "A" ABOVE HAVING COMPLETED IMMUNIZATIONS: B.

See the work sheet for the minimum complete immunizations.
Students listed in this category need no further follow-up.

EXEMPTIONS:

NUMBER OF STUDENTS FROM BOX "A" ABOVE WHO HAVE A MEDICAL CONTRAINDICATION ON FILE: C.
A physician's signed statement, verified annually and kept in your school immunization records, is required.

NUMBER OF STUDENTS FROM BOX "A" ABOVE WHO HAVE A RELIGIOUS OBJECTION ON FILE: D.
A statement, signed and verified annually by a parent/guardian stating the objection, must be on file in your school immunization records.

NUMBER OF STUDENTS FROM BOX "A" ABOVE NOT COMPLETE AND HAVING NO EXEMPTION ON FILE: E.

If there is a number (other than 0) in Box "E" then Boxes "F" thru "N" must be completed.
Total Students that fall into these categories (Not Doses):

| | | | | | | | | | |
|---------|--------------------|-----------------|------------|------------------|------------------------------|------------------------------|--------------|------------|----------------|
| REASONS | Record not on file | Need DTaP/DT/Td | Need Polio | Need Hepatitis B | Need 1 st Measles | Need 2 nd Measles | Need Rubella | Need Mumps | Need Varicella |
| | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) |

Return this form to:
Indiana State Department of Health
Immunization Program, 6A
2 North Meridian Street
Indianapolis, IN 46204-3003

Signatures: _____
Superintendent

Prepared By