Rev. 07-2011

COMMONWEALTH OF KENTUCKY
SCHOOL/FACILITY ANNUAL IMMUNIZATION SURVEY
Kindergarten
(902 KAR 2:055)

Please complete this form in its entirety.

1. Demographic Information

County: _____

School/Facility Name: _____

Address: _____

City: _____

State: _____ **Zipcode:** _____

Phone Number: _____

Type of Facility
(Place a check in the appropriate box)

☐ **Private**

☐ **Public**

Total number of children enrolled in Kindergarten ☐

NOTE: Information for the following should be obtained from the Commonwealth of Kentucky Immunization Certificate for each enrolled child.

2. Immunization Certificates and Exemptions

a. How many children have a current/provisional or expired immunization certificate on file? ☐

b. How many children are exempt from all or some immunizations for medical reasons? ☐

c. How many children are exempt from all immunizations for religious reasons? ☐

d. How many children DO NOT have any immunization certificate on file? ☐

STOP: The total of 2a + 2b + 2c + 2d MUST = the total number of children enrolled in Kindergarten

3. Vaccine Dose Summary

Vaccine	# Doses	# Children
DTaP/DTP/DT	4 or more	
Polio	3 or more	
Hepatitis B	3 or more	
MMR	2	
Varicella [or child has had chickenpox disease]	2	

Name of person completing this form: _____ Date: _____