



**COMMONWEALTH OF KENTUCKY  
SCHOOL/FACILITY ANNUAL IMMUNIZATION SURVEY**

(To be completed by each public or private school with a kindergarten or sixth grade, daycare centers, head start programs, or other licensed preschool facility which cares for children. Refer to 902 KAR 2:060 for immunization requirements)

County \_\_\_\_\_ School/Facility Name \_\_\_\_\_

**Please Circle: Public School/Facility or Private School/Facility**

Date Report Prepared \_\_\_\_\_ Prepared by \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**Grade/group being reported (select only one):**

\_\_\_\_\_ Kindergarten; \_\_\_\_\_ Sixth Grade; \_\_\_\_\_ Daycare; \_\_\_\_\_ Head Start; \_\_\_\_\_ Other

**Total number of children in the grade/group being reported** \_\_\_\_\_

**Number of children with current or provisional immunization certificate** \_\_\_\_\_

**Number of children with no (missing) immunization certificate** \_\_\_\_\_

**Number of children with medical exemption** \_\_\_\_\_

**Number of children with religious exemption** \_\_\_\_\_

**Number of children with the following age appropriate vaccines/combinations:**

Vaccine/Combination	Number of Children
<b>4+ Doses of DTaP/DTP/DT</b>	
<b>3+ Doses Polio</b>	
<b>1 Dose MMR + 1 Dose of Measles Containing Vaccine</b>	
<b>1+ Dose HIB</b>	
<b>3 Doses Hepatitis B (or alternate adolescent 2 dose schedule)</b>	
<b>1 Dose Varicella (or history of chickenpox disease)</b>	
<b>Td Booster</b>	
<b>4 DTaP/DTP/DT, 3 Polio, 1 MMR Combination</b>	
<b>4 DTaP/DTP/DT, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B Combination</b>	