

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

**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	Zip	County	Name: _____		
Name of Principal: _____			Position/Agency: _____		
			Phone Number: _____		

(B) Student Information: List students who are not fully immunized. Indicate type of exemption or out of compliance.

Exemptions expiring 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"/>					
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	K <input type="checkbox"/> or 7 th <input type="checkbox"/>					

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

Grade	Students Enrolled in Grade	Fully Immunized DH-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 to the local county health department by October 1:

Attention CHD: Type or enter CHD name, address, phone, fax, and contact person, PRIOR TO copying and distributing this form.

DH Form 684