



Report as of day 30 after the first day of attendance

**CLASS WORKSHEET
KINDERGARTEN IMMUNIZATION/HEALTH ASSESSMENT STATUS**

Teacher's Name _____ Name of School _____

This form should be completed and forwarded to the principal's office.

A. Total Kindergarten Class Enrollment: (A should equal B+C+D+E+F)..... (A) _____

B. Number of students with valid Medical Exemptions (ME) (B) _____

C. Number of students with valid Religious Exemptions (RE)..... (C) _____

D. Number of students with complete immunizations: (do not include ME/RE) (D) _____
Each child must present an immunization record signed by a physician or local health department certifying that the child has received all of the required vaccines.

E. Number of students with no record on file (E) _____

F. Number of students who do not meet minimum immunization requirements: (do not include ME/RE or students with no record on file) (F) _____

List the students included in lines E & F (no record or not up to date) on the chart below:

REASONS FOR NOT MEETING REQUIREMENTS							
Name of Student(s) Not Meeting Requirements	No Record On File	Record on File With Following Deficiency					
		(G) Needs 1 or more dose of DT/DTaP/ DTP	(H) Needs 1 or more dose of POLIO	(I) Needs 1 or more dose of MMR	(J) Needs 1 more dose of Hib	(K) Needs 1 or more dose of Hep B	(L) Needs 1dose of Varicella
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
TOTAL							

M. Number of students who did not receive the required immunizations by the first day of attendance and were given 30 days to meet requirements..... (M) _____

I certify that the above information is correct to the best of my knowledge.

Teacher's/Nurse's Signature _____



Class Worksheets of the Immunization Status and Health Assessment of Kindergarten Students

Purpose: This worksheet is required by N.C. State Law [G.S. 130A-155(c)]. It records the immunization and health assessment status of all kindergarten students enrolled in public and private schools each fall. This worksheet must be completed annually.

Preparation: To be completed by the class room teacher or the principal’s designee. The information should be reported as of day 30 after the first day of attendance. Instructions are included below.

Distribution: Each class room teacher completes this form and forwards it to the principal’s office. Each principal batches all Class Worksheets and prepares a School Summary Report for his/her school and submits the School Summary to the superintendent.

Note: Do not send copies of the Class Worksheet to the Immunization Branch

Disposition: After the School Summary Report is completed, a copy of this document should be kept for at least one year.

Reordering: User may copy form as needed or call (919) 707-5550 for additional copies.

Note: School personnel must notify parents whose children do not meet minimum immunization requirements [G.S. 130A-155(a)]. Please remember that the law allows parents of un-immunized and under-immunized children only 30 calendar days after the child’s first day of school to obtain immunizations and/or present proof of immunizations.

Health Assessment Classroom Summary (not mandatory for private schools)

A. Number of first time Kindergarten students enrolled in the class:..... _____

B. Number of kindergarten assessments on file for first time enrollees:..... _____

C. Number of repeating kindergarten students with KHA forms on file in the class:..... _____

D. Number of students in class who have religious exemptions for assessments:..... _____

E. Number of students who are not in compliance with this law: _____

(Completed health assessment submitted to the school within 30 calendar days of attendance and dated within 12 months of the start of school.)
