



COMMONWEALTH OF KENTUCKY SCHOOL/FACILITY ANNUAL IMMUNIZATION SURVEY

Sixth Grade
(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
Sixth Grade

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 Sixth Grade.

3. Vaccine Dose Summary

Vaccine	# Doses	# Children
Tdap	1	
Td Booster	1	
MCV (Meningococcal)	1	
Hepatitis B [3 doses] or Adolescent/Adult Hepatitis B [2 doses]	3 or 2	
MMR	2	
Varicella [or child has had chickenpox disease]	2	

Name of person completing this form: _____

Date: _____