FLORIDA DEPARTMENT OF HEALTH

IMMUNIZATION ANNUAL REPORT OF COMPLIANCE FOR KINDERGARTEN AND SEVENTH GRADE
COMPULSORY IMMUNIZATION - FLORIDA STATUTES 232.032

1. _____
Name of School

2. _____
Address

_____
City County Zip

3. _____
Name of Principal

4. **Kindergarten _____ Seventh Grade _____**
(Please check only one grade)

5. _____
Person Completing Report

6. _____
Position/Agency of Person Completing Report

7. _____
Phone Number of Person Completing Report

8. _____
Date

9. _____
Total Enrollment

10. **Total Fully Immunized _____**
Have DH-680 (Part A-1 or A-2)
Those without are to be listed below.

11. List Students with Medical and Religious Exemptions, or 30 Day Transfer Exemptions - - Check and/or complete categories.

(A) Name	(B) Medical Exemptions		(C) Religious Exemptions DH-681	(D) 30 Day Transfer Exemptions (List Enrollment Date)	(E) Parent's or Guardian's Name	(F) Address	(G) Telephone Number
	Temporary DH-680 (Part B) (List Expiration Date)	Permanent DH-680 (Part C)					

DH Form 684, Nov. 96 (Obsoletes previous edition)