

**Mission:**

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



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## Immunization Annual Report of Compliance for Kindergarten and Seventh Grade Compulsory Immunization—Section 1003.22, Florida Statutes

**(A) Private School Information:**

Date: \_\_\_\_\_

Name of School: _____			Information on the person completing this form:  Name: _____ Position/Agency: _____ Phone Number: _____		
Address: _____					
City	Zip	County			
Name of Principal: _____					

**(B) Student Information:** List only those students **not** fully immunized for grade. Indicate exemption type or if out of compliance.

Exemptions expiring before October 1 of the current year are out of compliance.

Student Name (Last, First)	Grade	Medical Exemptions		Religious Exemption (DH 681)	30-Day Transfer Exemptions List Enrollment Date	Out of Compliance
		Temporary (Part B) List Expiration Date	Permanent (Part C)			
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	K <input type="checkbox"/> or 7 <sup>th</sup> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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

Grade	Students Enrolled	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 following local county health department by October 1:**

DH Form 684, 07/17

See local county health department list at:

[www.FloridaHealth.gov/programs-and-services/immunization/resources/surveys/\\_documents/local-doh-contacts](http://www.FloridaHealth.gov/programs-and-services/immunization/resources/surveys/_documents/local-doh-contacts)

**Mission:**

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



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

## INSTRUCTIONS FOR COMPLETING DH FORM 684

Section 1003.22, Florida Statutes requires private schools with a kindergarten or seventh grade to submit a completed *Immunization Annual Report of Compliance for Kindergarten and Seventh Grade* (DH Form 684) to the local county health department (CHD) by October 1 each year. The following explains how to complete this form:

- (A) **Private School Information:** Clearly print all identifying information for the private school, including mailing address, county, telephone number, name of principal, and contact person.
- (B) **Student Information:** List only those students without a *Florida Certification of Immunization* (DH Form 680) Part A; that is, students not fully immunized for their grade. Indicate name, grade, exemption type (listed below), expiration date (if applicable), or if out of compliance.
- **DH Form 680, Part B (Temporary Medical Exemption) (TME)\*:** These are issued for children in the process of completing the vaccine requirement for school entry. The form expiration date must be current. If expired, categorize the student as out of compliance.
  - **DH Form 680, Part C (Permanent Medical Exemption) (PME):** These are issued for children who cannot receive one or more vaccinations required for school entry, based upon valid clinical reasoning or evidence. The contraindicated vaccine(s) must be included on the form. These exemptions do not expire.
  - **Religious Exemption From Immunization (DH Form 681):** These are issued for children whose parent or guardian states immunizations conflict with their religious tenets or practices. These exemptions are issued by CHDs and do not expire.
  - **30-Day Exemption\*:** These are issued by an authorized school official for students transferring from another school district, children entering a juvenile justice program, children experiencing homelessness, and children “known to the Department” as defined in section 39.0016. No form is associated with this non-renewable exemption.
  - **Out of Compliance\*:** For students without a valid DH Form 680, 681, or a 30-Day Exemption (if applicable). These students should be excluded from school until compliant.
- (C) **Summary Information:** For both kindergarten and seventh grades, provide the total number of students 1) enrolled, 2) with a DH Form 680 Part A, 3) with a Part B, 4) with a Part C, 5) with a DH Form 681, 6) with a 30-Day exemption, and 7) who are out of compliance with section 1003.22. Be sure the sum total from all categories equals the total number of students enrolled.

\*The school nurse or authorized school official is responsible for follow up of these students, ensuring a DH Form 680 or 681 is provided to the school prior to the exemption expiring.

Rev 08/20