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## 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, telephone number, name of school principal, and contact person.
- (B) **Student Information:** List students who are **not** fully immunized for grade. Indicate grade, exemption type, or if Out of Compliance with section 1003.22. See below for guidance.

**Temporary Medical Exemption:**\* For students presenting a valid DH Form 680, Part B, signed by a licensed physician or authorized designee. The expiration date must be current (not expired). If expired, change category to Out of Compliance.

**Permanent Medical Exemption:** For students presenting a valid DH Form 680, Part C, signed by a licensed physician. This category is only for students who cannot receive one or more vaccines required for school entry, based upon valid clinical reasoning or evidence. The physician must document the medical reasoning on the form for the exemption to be valid.

**Religious Exemption:** For students with an exemption from immunization due to religious tenets or practices. This is documented on a DH Form 681, available only from CHDs.

**30-Day Transfer Exemption:**\* An authorized school official may issue this [temporary] exemption, for up to 30 school days, to permit students who are transferring from another Florida county; are experiencing homelessness; entering a juvenile justice program, or known to the Department, as defined in Section 39.0016, Florida Statutes, to attend school until their immunization record is obtained or until they receive the necessary immunizations and provides proof thereof.

**Out of Compliance:**\* For students not meeting school entry immunization requirements and lacking proper documentation of an exemption. This category includes students without a valid DH Form 680, DH Form 681, or 30-Day Transfer Exemption (if applicable); or with an expired Temporary Medical Exemption or 30-Day Transfer Exemption.

- (C) **Summary Information:** Provide the total number of students in each category, for both kindergarten and seventh grade, ensuring the totals equal to the number of Students Enrolled.

\*The school nurse or authorized school official is responsible for follow up of these students, ensuring completion of immunizations and proper documentation.

Rev 07/17

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



Rick Scott  
Governor

Celeste Philip, MD, MPH  
Surgeon General and Secretary

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 who are **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"/>
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	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 local county health department  
by October 1:**

DH Form 684, 07/17

**Attention CHD:** Add CHD contact information **PRIOR** to copying and distributing. Be sure to include a telephone number.