

IMMUNIZATION ASSESSMENT REPORT FOR PUBLIC and PRIVATE SCHOOLS

Use this form to list all *incompletely* immunized students, grades K-12. Include students with exemptions to immunizations.

City, Zip: Date: Fax: Other grades (to): Report for CHILD CARE CENTERS, PRESCHOOLS AND HEAD START Programs (EPI12A). Total enrollment: AND HEAD START Programs (EPI12A). Total enrollment only: Do not list pre-k students on this form. #2. All enrollees meet the immunization requirements: Yes No If No, please complete Section #3. #3. Name of Student BIRTH	#1. School:						Prepared By:							Enrollment										Does this school have a pre-k program? Yes \(\subseteq No \)				
Location Address: City, Zip: Date: Fax: Total enrollment: AND HEAD START Programs (EPI12A). 7 th Grade enrollment only: Do not list pre-k students on this form. #2. All enrollees meet the immunization requirements: Yes No If No, please complete Section #3. #3. Name of Student BIRTH R R R ENTRY NO EXEMPT Mark an (X) in column of missing vaccine dose(s) List only students who are missing required immunizations DATE DATE DATE DATE Medical DATE DATE DATE DATE DATE Medical DATE DATE DATE DATE DATE DATE DATE DATE Notes	Mailing Address:	City, Zip:					Title: Phone:						Kindergarten:										If YES, please complete the Immunization Assessment					
#2. All enrollees meet the immunization requirements: Yes No If No, please complete Section #3. #3. Name of Student BIRTH R ENTRY NO EXEMPT Mark an (X) in column of missing vaccine dose(s) List only students who are missing required immunizations DATE Date: Tax. 7th Grade enrollment only: Do not list pre-k students on this form. Mark an (X) in column of missing vaccine dose(s) DATE DATE Immunization Religious Medical DTaP/DTP/DT/Td POLIO HEPATITIS B MMR Varicella PE TB Notes													Oth	er gr	ade	s (_	to	o	_):			Rep	ort f	or C⊢	HILD	CARE CENTERS, PRESCHOOLS		
#2. All enrollees meet the immunization requirements: Yes No If No, please complete Section #3. #3. Name of Student List only students who are missing required immunizations BIRTH R ENTRY NO EXEMPT Mark an (X) in column of missing vaccine dose(s) DATE DATE Immunization Religious Medical DTaP / DTP / DT / Td POLIO HEPATITIS B MMR Varicella PE TB Notes	Location Address: City, Zip:					Date: Fax:						Total enrollment:											AND HEAD START Programs (EPI12A).					
#3. Name of Student List only students who are missing required immunizations BIRTH A D D D D D D D D D D D D D D D D D D														7 th Grade enrollment only:									Do not list pre-k students on this form.					
List only students who are missing required immunizations DATE A D DATE Immunization Religious Medical DTAP/DTP/DT/Td POLIO HEPATITIS B MMR Varicella PE TB Notes	#2. All enrollees meet the immunization requirements: Yes No If No, please complete Section #3.																											
	#3. Name of Student	BIRTH	G R	ENTRY	NO	EXEN	(X) in	column of missing vaccine dose(s)																				
	List only students who are missing required immunizations	DATE		DATE	Immunization	Religious	Medical	DTaP/DTP/DT/T				Td	POLIO			HEPATITIS B			MMR		Varicella		PE	TE	Notes			
	and students who have an exemption to ANY immunization.	(mm/dd/yy)		(mm/dd/yy)	Record			1	2	3	4	5	1	2	3	4	1	2	3	1	2	1	2					
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								
		/ /		/ /																								

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS REPORT

Principal's / Director's Signature:_____