



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.

#1. School:		Prepared By:		Enrollment		Does this school have a pre-k program? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please complete the Immunization Assessment Report for CHILD CARE CENTERS, PRESCHOOLS AND HEAD START Programs (EPI12A). Do not list pre-k students on this form.
Mailing Address:	City, Zip:	Title:	Phone:	Kindergarten:	_____	
Location Address:	City, Zip:	Date:	Fax:	Other grades (____ to ____):	_____	
				Total enrollment:	_____	
				7 th Grade enrollment only:		_____

#2. All enrollees meet the immunization requirements: **Yes** ☐ **No** ☐ **If No, please complete Section #3.**

#3. Name of Student	BIRTH DATE	G R A D E	ENTRY DATE	NO Immunization Record	EXEMPT		Mark an (X) in column of missing vaccine dose(s)																PE	TB	Notes	
					Religious	Medical	DTaP / DTP / DT / Td					POLIO				HEPATITIS B			MMR		Varicella					
							1	2	3	4	5	1	2	3	4	1	2	3	1	2	1	2				
List only students who are missing required immunizations and students who have an exemption to ANY immunization.	(mm/dd/yy)		(mm/dd/yy)																							
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PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS REPORT