



TK/Kindergarten

Immunization Assessment

1**School Information****SCHOOL INFORMATION****School Name:** ALVINA ELEMENTARY CHARTER**CDE School Code:** 6005730**Type:** ☐ private ☒ public**County:** FRESNO**School Email:** MIRIBARREN@ALVINAESD.ORG**Physical Address:** 295 WEST SAGINAW AVENUE**Status:** _____**2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** LISA NEWQUIST**Email:** LNEWQUIST@ALVINA.K12.CA.US**Phone Number:** 559-864-9411**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** LISA NEWQUIST**Email:** LNEWQUIST@ALVINA.K12.CA.US**Phone Number:** 559-864-9411**Report Submitted Date:** 2021-08-04**Total number of TK/Kindergarten Students:**

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**All Required Vaccine Doses A **Requirements Met, But Missing Doses**

Permanent Medical Exemption

*Includes MD/DO verification of varicella disease*C

Other:

IEP Services

F1

Independent Study

F2

Home-based Private School

F3 **Missing Doses By Vaccine****5** Students are missing doses.

Total number of students missing each vaccine:

Polio Hep B DTaP Varicella MMR **CONDITIONAL ADMISSION, NEED FOLLOW-UP:**Conditional- Missing Doses Not Currently Due B Temporary Medical Exemption D **REQUIREMENTS NOT MET, MISSING DOSES**Overdue- Needs Doses Now G *Includes homeless or foster care students in process of locating records***TOTAL**