



# Kindergarten

## Immunization Assessment

**1****School Information****SCHOOL INFORMATION****School Name:** \_\_\_\_\_**CDE School Code:** \_\_\_\_\_**Type:** ☐ private ☐ public**County:** \_\_\_\_\_**School Email:** \_\_\_\_\_**Physical Address:** \_\_\_\_\_**2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** \_\_\_\_\_**Email:** \_\_\_\_\_**Phone Number:** \_\_\_\_\_**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** \_\_\_\_\_**Email:** \_\_\_\_\_**Phone Number:** \_\_\_\_\_**Report Submitted Date:** \_\_\_\_\_**Total number of 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** 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**