



# Pre-Kindergarten Immunization Assessment

**1****School  
Information****SCHOOL INFORMATION****School Name:** A.U.S.D.- WOODSTOCK CHILD DEVELOPMENT CENTER**CDE School Code:** 013420589**Type:** ☐ private ☒ public ☐ headstart**County:** ALAMEDA**School Email:** aloha@gmail.com**Physical Address:** 500 PACIFIC AVENUE**2****Contact  
Information****DESIGNATED SCHOOL CONTACT****Name:** LINDA L. TORRES**Email:** ALTORRES@ALAMEDA.K12.CA.US**Phone Number:** 510-748-4001**3****Summary  
Report****STAFF MEMBER COMPLETING THIS FORM****Name:** LINDA L. TORRES**Email:** ALTORRES@ALAMEDA.K12.CA.US**Phone Number:** 510-748-4001**Report Submitted Date:** 2021-09-20**Total number of Pre-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**Personal Belief Exemption E  *pre-2016*Permanent Medical Exemption C   
*Includes MD/DO verification of varicella disease*Other: IEP Services F1 **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** **Missing Doses By Vaccine** Students are missing doses.

Total number of students missing each vaccine:

Polio  Hep B DTaP  Varicella MMR  Hib