



Pre-Kindergarten Immunization Assessment

1School
Information**SCHOOL INFORMATION**School Name: 1.2.3. CHRISTIAN MISSIONCDE School Code: 198016140Type: ☒ private ☐ public ☐ headstartCounty: LOS ANGELES

School Email: _____

Physical Address: 811 S. MANHATTAN PL.**2**Contact
Information**DESIGNATED SCHOOL CONTACT**Name: testEmail: test@gmail.comPhone Number: 510-123-4567**3**Summary
Report**STAFF MEMBER COMPLETING THIS FORM**Name: testEmail: test@gmail.comPhone Number: 510-123-4567Report Submitted Date: 2019-10-28Total 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