



# Kindergarten

## Immunization Assessment

**1****School Information****SCHOOL INFORMATION****School Name:** RONALD REAGAN ELEMENTARY**CDE School Code:** 0131607**Type:** ☐ private ☒ public**County:** RIVERSIDE**School Email:** shelms@cnusd.k12.ca.us**Physical Address:** 8300 FIELDMASTER STREET**2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** PEGGY CHISM**Email:** PCHISM@CNUSD.K12.CA.US**Phone Number:** 951-736-5167**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** PEGGY CHISM**Email:** PCHISM@CNUSD.K12.CA.US**Phone Number:** 951-736-5167**Report Submitted Date:** 2019-08-29**Total number of Kindergarten Students:**

20

Account for each student in one of the categories below.

**UNCONDITIONAL ADMISSION:****Requirements Met**

All Required Vaccine Doses

A

20

**Requirements Met, But Missing Doses**

Permanent Medical Exemption

*Includes MD/DO verification of varicella disease*

C

0

Other:

IEP Services

F1

0

Independent Study

F2

0

Home-based Private School

F3

0

**Missing Doses By Vaccine**

0

Students are missing doses.

Total number of students missing each vaccine:

Polio

0

Hep B

0

DTaP

0

Varicella

0

MMR

0

**CONDITIONAL ADMISSION, NEED FOLLOW-UP:**

Conditional- Missing Doses Not Currently Due

B

0

Temporary Medical Exemption

D

0

**REQUIREMENTS NOT MET, MISSING DOSES**

Overdue- Needs Doses Now

G

0

*Includes homeless or foster care students in process of locating records***TOTAL**

20