



1st Grade

Immunization Assessment

1**School Information****SCHOOL INFORMATION****School Name:** SHOSHONE ELEMENTARY**CDE School Code:** 6008742**Type:** ☐ private ☒ public**County:** INYO**School Email:** CRAIG_HILL@DEATHVALLEYSCHOOLS.ORG**Physical Address:** 72 CHARLES BROWN ROAD**Status:** Active**2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** RACHELLE VAN DUSER**Email:** RVANDUSER@DEATHVALLEYSCHOOLS.ORG**Phone Number:** 760-852-4303**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** RACHELLE VAN DUSER**Email:** RVANDUSER@DEATHVALLEYSCHOOLS.ORG**Phone Number:** 760-852-4303**Report Submitted Date:** 2021-08-20**Total number of 1st Grade Students:**

60

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses

A

50

Requirements Met, But Missing Doses

Permanent Medical Exemption

Includes MD/DO verification of varicella disease

C

1

Other:

IEP Services

F1

1

Independent Study

F2

1

Home-based Private School

F3

1

Missing Doses By Vaccine

10 Students are missing doses.

Total number of students missing each vaccine:

Polio 10

Hep B 0

DTaP 0

Varicella 0

MMR 0

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional- Missing Doses Not Currently Due

B

1

Temporary Medical Exemption

D

1

REQUIREMENTS NOT MET, MISSING DOSES

Overdue- Needs Doses Now

G

4

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

60