



Pre-Kindergarten Immunization Assessment

1School
Information**SCHOOL INFORMATION**

School Name: _____

CDE School Code: _____

Type: ☐ private ☐ public ☐ headstart

County: _____

Administer/Principal: _____

School Email: _____

Physical Address: _____

2Contact
Information**DESIGNATED SCHOOL CONTACT**

Name: _____

Email: _____

Phone Number: _____

3Summary
Report**STAFF MEMBER COMPLETING THIS FORM**

Name: _____

Email: _____

Phone Number: _____

Report Submitted Date: _____

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-2016Permanent 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