



Kindergarten

Immunization Assessment

1

School
Information

SCHOOL INFORMATION

School Name: _____

CDE School Code: _____

Type: ☐ private ☐ public

County: _____

Administer/Principal: _____

School Email: _____

Physical Address: _____

2

Contact
Information

DESIGNATED SCHOOL CONTACT

Name: _____

Email: _____

Phone Number: _____

3

Summary
Report

STAFF MEMBER COMPLETING THIS FORM

Name: _____

Email: _____

Phone Number: _____

Report Submitted Date: _____

Total number of Kindergarten Students:

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:

Requirements Met

All required immunizations A

Requirements Met, But Missing Doses

Permanent Medical Exemption C

Other

IEP Services F1

Independent Study F2

Home-based Private School F3

Missing Doses By Vaccine

Students are missing doses.
Please indicate the total number of students
missing each vaccine:

Polio Hep B

DTP Varicella

MMR

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional Entrant B
Not including Temporary Medical Exemptions

Temporary Medical Exemption D

REQUIREMENTS NOT MET, MISSING DOSES

Overdue G
Previously Known as Enrolled But Not Attending

TOTAL