



# 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**