



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**