



TK/Kindergarten

Immunization Assessment

1**School
Information****SCHOOL INFORMATION****School Name:** _____**CDE School Code:** _____**Type:** ☐ private ☐ public**County:** _____**School Email:** _____**Physical Address:** _____**Status:** _____**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 TK/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**

Permanent Medical Exemption

*Includes MD/DO verification of varicella disease*C

Other:

IEP Services

F1

Independent Study

F2

Home-based Private School

F3 **Missing Doses By Vaccine** Students are missing doses.

Total number of students missing each vaccine:

Polio Hep B DTaP Varicella MMR **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**