

1
School
Information

FACILITY INFORMATION

Facility Name: _____
Facility Number: _____
Type: _____
County: _____

Administer/Principal: _____

Facility Email: _____

Physical Address: _____

2
Contact
Information

DESIGNATED FACILITY CONTACT

Name: _____
Email: _____
Phone Number: _____

3
Summary
Report

FACILITY STAFF MEMBER COMPLETING THIS FORM

Name: _____
Email: _____
Phone Number: _____
Report Submitted Date: _____

Total number of Children:

Report on ages 2-5 years

UNCONDITIONAL ADMISSION:

Requirements Met

All required immunizations

A

Requirements Met, But Missing Doses

Personal Belief Exemption E *Pre 2016*

Permanent Medical Exemption C

IEP Services F1

Missing Doses By Vaccine

Students are missing doses.

Please indicate the total number of students missing each vaccine:

Polio Hep B

DTP Varicella

MMR Hib

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
ages 2-5 years