



1st Grade

Immunization Assessment

1**School Information****SCHOOL INFORMATION****School Name:** ALVINA ELEMENTARY CHARTER**CDE School Code:** 6005730**Type:** ☐ private ☒ public**County:** FRESNO**School Email:** MIRIBARREN@ALVINAESD.ORG**Physical Address:** 295 WEST SAGINAW AVENUE**Status:** _____**2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** LISA NEWQUIST**Email:** LNEWQUIST@ALVINA.K12.CA.US**Phone Number:** 559-864-9411**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** LISA NEWQUIST**Email:** LNEWQUIST@ALVINA.K12.CA.US**Phone Number:** 559-864-9411**Report Submitted Date:** 2021-08-04**Total number of 1st Grade Students:****50**

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses

A

44**Requirements Met, But Missing Doses**

Permanent Medical Exemption

Includes MD/DO verification of varicella disease

C

1

Other:

IEP Services

F1

1

Independent Study

F2

1

Home-based Private School

F3

1**Missing Doses By Vaccine****6**

Students are missing doses.

Total number of students missing each vaccine:

Polio

6

Hep B

0

DTaP

0

Varicella

0

MMR

0**CONDITIONAL ADMISSION, NEED FOLLOW-UP:**

Conditional- Missing Doses Not Currently Due

B

1

Temporary Medical Exemption

D

1**REQUIREMENTS NOT MET, MISSING DOSES**

Overdue- Needs Doses Now

G

0*Includes homeless or foster care students in process of locating records***TOTAL****50**