



TK/Kindergarten

Immunization Assessment

1

School
Information

SCHOOL INFORMATION

School Name: SHOSHONE ELEMENTARY Test

CDE School Code: 6008742

Type: ☐ private ☒ public

County: INYO

School Email: CRAIG_HILL@DEATHVALLEYSCHOOLS.ORG

Physical Address: 72 CHARLES BROWN ROAD Test

Status: Active

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Contact
Information

DESIGNATED SCHOOL CONTACT

Name: RACHELLE VAN DUSER

Email: RVANDUSER@DEATHVALLEYSCHOOLS.ORG

Phone Number: 760-852-4303

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Summary
Report

STAFF MEMBER COMPLETING THIS FORM

Name: RACHELLE VAN DUSER

Email: RVANDUSER@DEATHVALLEYSCHOOLS.ORG

Phone Number: 760-852-4303

Report Submitted Date: 2021-08-20

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

5 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