



Pre-Kindergarten Immunization Assessment

1**School
Information****SCHOOL INFORMATION****School Name:** _____**CDE School Code:** _____**Type:** ☐ private ☐ public ☐ headstart**County:** _____**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 Pre-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**Personal Belief Exemption E pre-2016Permanent Medical Exemption C
*Includes MD/DO verification of varicella disease*Other: IEP Services F1 **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** **Missing Doses By Vaccine** Students are missing doses.

Total number of students missing each vaccine:

Polio Hep B DTaP Varicella MMR Hib