



# 1st Grade

## 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 1st Grade 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**