



# Kindergarten

## Immunization Assessment

**1****School  
Information****SCHOOL INFORMATION****School Name:** \_\_\_\_\_**CDE School Code:** \_\_\_\_\_**Type:** ☐ private ☐ public**County:** \_\_\_\_\_**Administer/Principal:** \_\_\_\_\_**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 Kindergarten Students:** 

Account for each student in one of the categories below.

**UNCONDITIONAL ADMISSION:****Requirements Met**All required immunizations A **Requirements Met, But Missing Doses**Permanent Medical Exemption C 

Other

IEP Services F1 Independent Study F2 Home-based Private School F3 **Missing Doses By Vaccine**

Students are missing doses.  
Please indicate the total number of students  
missing each vaccine:

Polio Hep B DTP Varicella MMR **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**