

**1**  
School  
Information

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_  
Facility Number: \_\_\_\_\_  
Type: \_\_\_\_\_  
County: \_\_\_\_\_

Administer/Principal: \_\_\_\_\_

Facility Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**2**  
Contact  
Information

**DESIGNATED FACILITY CONTACT**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**3**  
Summary  
Report

**FACILITY STAFF MEMBER COMPLETING THIS FORM**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Report Submitted Date: \_\_\_\_\_

**Total number of Children:**

Report on ages 2-5 years

**UNCONDITIONAL ADMISSION:**

**Requirements Met**

All required immunizations

A

**Requirements Met, But Missing Doses**

Personal Belief Exemption E  *Pre 2016*

Permanent Medical Exemption C

IEP Services F1

**Missing Doses By Vaccine**

Students are missing doses.

Please indicate the total number of students missing each vaccine:

Polio  Hep B

DTP  Varicella

MMR  Hib

**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**