

## TK/KINDERGARTEN IMMUNIZATION ASSESSMENT WORKSHEET

Please refer to the reporting instructions for category definitions and details. List each student and check the designated box of their status. For students missing doses, tally which vaccine(s) are missing. If the student is not missing any vaccine(s) leave the vaccines missing blank. Total the columns for each reporting category and the total number of children missing each vaccine. Retain the worksheet for your records in case of audit and as a roster of students in the event of an outbreak.

Total Number of Students\*

ID

	All Req Vac Doses	MISSING DOSES							— vaccine(s) missing					
		PME	IEP	IND	Home	Conditional	TME	Overdue	Polio	DTaP	MMR	HepB	VAR	
														Other
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														
21.														
22.														
23.														
24.														
25.														
		<b>A</b>	<b>C</b>	<b>F1</b>	<b>F2</b>	<b>F3</b>	<b>B</b>	<b>D</b>	<b>G</b>	Polio	DTaP	MMR	HepB	VAR
*Total # Students= A+ B+C+D+F+G		<b>TOTAL</b>												

Log-in to [www.shotsforschool.org/reporting](http://www.shotsforschool.org/reporting) to submit the immunization assessment summary online.

Transfer the values in each respective category.



# TK/Kindergarten 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: \_\_\_\_\_

Note: This form is for accounting purposes only and should be kept for your reference.

Please log-in to [shotsforschool.org/reporting](https://shotsforschool.org/reporting) to complete the immunization assessment summary online.

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

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**

## 1st Grade IMMUNIZATION ASSESSMENT WORKSHEET

Please refer to the reporting instructions for category definitions and details. List each student and check the designated box of their status. For students missing doses, tally which vaccine(s) are missing. If the student is not missing any vaccine(s) leave the vaccines missing blank. Total the columns for each reporting category and the total number of children missing each vaccine. Retain the worksheet for your records in case of audit and as a roster of students in the event of an outbreak.

Total Number of Students\*

ID

### MISSING DOSES

— vaccine(s) missing

	All Req Vac Doses	PME	IEP	IND	Home	Conditional	TME	Overdue	— vaccine(s) missing					
									Polio	DTaP	MMR	HepB	VAR	
ID			Other											
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														
21.														
22.														
23.														
24.														
25.														
	<b>A</b>	<b>C</b>	<b>F1</b>	<b>F2</b>	<b>F3</b>	<b>B</b>	<b>D</b>	<b>G</b>	<b>Polio</b>	<b>DTaP</b>	<b>MMR</b>	<b>HepB</b>	<b>VAR</b>	
<b>TOTAL</b>														

\*Total # Students =  
A + B + C + D + F + G

TOTAL

Log-in to [www.shotsforschool.org/reporting](http://www.shotsforschool.org/reporting) to submit the immunization assessment summary online.

Transfer the values in each respective category.



# 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: \_\_\_\_\_

Note: This form is for accounting purposes only and should be kept for your reference.

Please log-in to [shotsforschool.org/reporting](https://shotsforschool.org/reporting) to complete the immunization assessment summary online.

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**