

**IMMUNIZATION ASSESSMENT OF KINDERGARTEN STUDENTS – ANNUAL REPORT  
SCHOOL SUMMARY SHEET**

PLEASE LEAVE BLANK

**PLEASE TYPE OR PRINT CLEARLY**

**If information is NOT correct, please correct**

County Los Angeles  
 School Name Lincoln Elem.  
 Physical Address 1200 N. Gordon St.

**SAMPLE**

This school is: Public  Private   
 Public School District Pomona Unified  
 HA 3 SPA 3

INSTRUCTIONS: Information for this report must be obtained from the blue California school Immunization Record (PM286). This report includes every kindergarten child (or child of kindergarten age) enrolled in this school. Instructions for filling out this form are enclosed.

City Pomona ZIP 91768  
 Mailing Address 1200 N. Gordon St. Pomona 91768  
*(If different from above)*

CDS code # 19 64907 6021893

If this school does not have any kindergarten students, please write "NO K THIS YR" or "NO K EVER" or "CLOSED" across the form and forward as instructed below

NUMBER OF KINDERGARTEN STUDENTS ENROLLED THIS YEAR 133

UNCONDITIONAL ENTRANTS		CONDITIONAL ENTRANTS	
Indicate the number of kindergartners with:		4. Number of kindergartners who do not meet all the immunization requirements: i.e. who have not documented one or more required immunizations or who have a temporary medical exemption (THESE STUDENTS MUST BE FOLLOWED UP). <span style="float: right;"><u>4</u></span>	
1. All required immunizations and/or documented History of disease	<u>92</u>	Of the pupils in category 4 above, please indicate the numbers <u>NOT</u> meeting the requirement for:	
2. Permanent Medical Exemptions to any immunizations	<u>0</u>	a. Polio	<u>1</u>
3. Personal Beliefs Exemptions to any immunizations	<u>0</u>	b. DTP/DTaP/DT	<u>2</u>
		c. 1 <sup>st</sup> Dose MMR (child has received no MMR doses)	<u>    </u>
		d. 2 <sup>nd</sup> Dose MMR (child has received only 1 MMR after 12 months of age)	<u>1</u>
		e. Hepatitis B	<u>2</u>
		f. Varicella (child has not received vaccine and has not had chickenpox)	<u>    </u>
<div style="border: 1px solid black; padding: 5px;">                     Note: The total of lines 1+1+3+4 should equal NUMBER OF KINDERGARTEN STUDENTS ENROLLED THIS YEAR, shown in box above                 </div>			

**PLEASE RETURN THIS REPORT BY OCTOBER 15 TO:**

**PLEASE MAKE A COPY FOR YOUR FILES**

- 1) School District copy, if a public school
- 2) School copy: retain for your files

School Staff Person \_\_\_\_\_

School Telephone Number 909 397-4800 Date 10-1-2007