Hawai'i Department of Health

Report #1 due **October 10**
Report #2 due **January 10**

IMMUNIZATION ASSESSMENT REPORT FOR PUBLIC and PRIVATE SCHOOLS

Use this form to list all *incompletely* immunized students, grades K-12. Include students with exemptions to immunizations.

#1. School:		**Prepared By**:		**Enrollment**	Does this school have a pre-k program? **Yes** ☐ **No** ☐
Mailing Address:	City, Zip:	Title:	Phone:	Kindergarten: _____	If YES, please complete the Immunization Assessment
				Other grades (___ to ___): _____	Report for CHILD CARE CENTERS, PRESCHOOLS
Location Address:	City, Zip:	Date:	Fax:	Total enrollment: _____	AND HEAD START Programs (EPI12A).
				7th Grade enrollment only: _____	**Do not list pre-k students on this form.**

#2. All enrollees meet the immunization requirements: Yes ☐ No ☐ If No, please complete Section #3.

#3. Name of Student	BIRTH DATE	GRADE	ENTRY DATE	NO Immunization	EXEMPT		Mark an (X) in column of missing vaccine dose(s)																PE	TB	**Notes**
					Religious	**Medical**	DTaP / DTP / DT / Td					POLIO				HEPATITIS B			MMR		Varicella				
List only students who are missing required immunizations and students who have an exemption to ANY immunization.	(mm/dd/yy)		(mm/dd/yy)	Record			1	2	3	4	5	1	2	3	4	1	2	3	1	2	1	2			
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PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS REPORT

Principal's / Director's Signature:_____