



IMMUNIZATION ASSESSMENT REPORT FOR HAWAII CHILD CARE FACILITIES

SECTION 1: SCHOOL ID
SCHOOL NAME
ADDRESS

PHONE
FAX
EMAIL

[Form fields for Section 1: School ID, School Name, Address, Phone, Fax, Email]

SECTION 2: TOTAL ENROLLMENT
PREPARED BY
TITLE
DATE

[Form fields for Section 2: Total Enrollment (Preschool students only), Prepared By, Title, Date]

DO ALL STUDENTS MEET THE IMMUNIZATION AND EXAMINATION REQUIREMENTS ? YES NO IF YES, PLEASE SIGN THIS FORM BELOW IF NO, PLEASE COMPLETE SECTION 3 BELOW AND SIGN THIS FORM

SECTION 3:

MARK MISSING IMMUNIZATIONS AND MISSING PE (PHYSICAL EXAM) WITH AN X

STUDENT INFORMATION				SELECT ONE ONLY			MISSING IMMUNIZATIONS																PE														
Last Name	First Name	Date of Birth	Entry Date	No Record	EXEMPT		DTAP				POLIO			Hib				PCV				HEP B			HEP A		MMR	VAR									
					Religious	Medical	1	2	3	4	1	2	3	1	2	3	4	1	2	3	4	1		2	3	1	2	1	1								