



IMMUNIZATION ASSESSMENT REPORT FOR HAWAII SCHOOLS K-12

SECTION 1: SCHOOL ID
 SCHOOL NAME
 ADDRESS

 PHONE
 FAX
 EMAIL

SECTION 2: TOTAL ENROLLMENT
 Kindergarten only
 7th Grade only

 PREPARED BY
 TITLE
 DATE

K-12 ONLY. DO NOT INCLUDE PRESCHOOL STUDENTS

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	Grade	No Record	EXEMPT		DTAP					POLIO				HEP B			HEP A		MMR		VAR		Tdap	MCV	HPV														
						Religious	Medical	1	2	3	4	5	1	2	3	4	1	2	3	1	2	1		2	1	1	1	2	3													

PRINCIPAL/DIRECTOR'S SIGNATURE _____