

IMMUNIZATION ASSESSMENT OF KINDERGARTEN STUDENTS — ANNUAL REPORT

SCHOOL SUMMARY SHEET

PLEASE TYPE OR PRINT CLEARLY

County _____

School Name _____

Physical Address _____

City _____ Zip _____

Mailing Address _____

(if different from above)

School Tel. No. (_____) _____

This school is: Public Private

Public School District _____

CDS code# _____

NUMBER OF KINDERGARTEN STUDENTS ENROLLED THIS YEAR

INSTRUCTIONS: Information for this report must be obtained from the blue California School Immunization Record (PM 286). This report includes every kindergarten child (or child of kindergarten age) enrolled in this school.

Instructions for filling out this form are on the back.

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.

NOTE: This form may be completed online at www.shotsforschool.org.

IMMUNIZATION STATUS OF KINDERGARTEN STUDENTS

UNCONDITIONAL ENTRANTS

Indicate the number of kindergartners with:

1. All required immunizations and/or documented history of disease _____

2. Permanent Medical Exemptions to any immunizations _____

3. Personal Beliefs Exemptions to any immunizations _____
(Row 3 must equal Row 3a+3b+3c)

a. 'Pre-January 2014' Exemption _____

b. 'Health Care Practitioner Counseled' Exemption _____

c. 'Religious' Exemption _____

Note: The total of lines 1+2+3+4 should equal NUMBER OF KINDERGARTEN STUDENTS ENROLLED THIS YEAR, shown in box above.

CONDITIONAL ENTRANTS

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). _____

Of the pupils in category 4 above, please indicate the numbers NOT meeting the requirement for:

a. Polio _____

b. DTP / DTaP / DT _____

c. MMR _____

d. Hepatitis B _____

e. Varicella (child has not received vaccine and has not had chickenpox) _____

Please forward the completed report by October 15th of each school year to the California Department of Public Health Immunization Branch. Retain a copy for your school records.

Immunization Branch
California Department of Public Health
850 Marina Bay Parkway
Bldg P, 2nd floor
Richmond, CA 94804

School Staff Member Completing This Form

Name _____

Email _____

Date _____, 20____

Designated School Contact

Name _____

Email _____

Phone (_____) _____

HOW TO COMPLETE THE SCHOOL SUMMARY SHEET (PM-236) FOR THE IMMUNIZATION ASSESSMENT OF KINDERGARTEN STUDENTS ANNUAL REPORT

California law requires that all public and private schools with kindergarten students submit an annual immunization assessment (California Health & Safety Code §120375(c); California Code of Regulations §6075). You have been provided with a [Guide to Immunizations Required for School Entry](#) and [Work Sheets](#) to assist you in completing this School Summary Sheet. If you need further assistance, contact your local health department's Immunization Coordinator.

FIRST STEP: FILLING IN GENERAL INFORMATION

Please **enter the school's name and address**, etc. on the School Summary Sheet. Then **enter the total Number of Kindergarten Enrolled-Students** in this school in the box provided. If the school has NO kindergarten students, please follow the instructions on the front (top right) of the form in order to complete this requirement.

Note: Schools are to report the admission status of ALL transitional and traditional kindergarten students as of the date that the report is completed. Submit one report for each school campus per year. For ungraded classes, report on entering students from age 4 years, 9 months to age 5 years, 9 months. Do not report on pre-K students or on after-care enrollees.

SECOND STEP: DETERMINING IMMUNIZATION STATUS

Enter each child's name or other identifier on the "WORK SHEET" provided (PM 236A). Then **determine the immunization status of child each** (see process below) by reviewing each student's blue California School Immunization Record (CSIR, PM 286), which must be included in the student's cumulative file. Be sure these forms are up-to-date before proceeding.

An "Unconditional Entrant" is a student who DOES meet all kindergarten immunization requirements by having:

1. FOUR (4) doses of polio vaccine (three doses are acceptable if at least one dose was received on or after the fourth birthday); **AND** FIVE (5) DTP/DT vaccine doses (four doses are acceptable if at least one dose was received on or after the fourth birthday); **AND** TWO (2) doses of measles-containing vaccine, at least one of which must be measles, mumps, and rubella combined. Both doses must have been received on or after the first birthday; **AND** THREE (3) doses of hepatitis B vaccine; **AND** ONE (1) dose of varicella vaccine or physician-documented varicella (chickenpox) disease.

OR: 2. A physician's statement of PERMANENT Medical Exemption for any doses that have not been received;

OR: 3. Presents a valid Personal Beliefs Exemption (PBE):

- For entry before January 1, 2014: A signed a statement of personal beliefs on the back of CA School Immunization Record OR
- For entry after January 1, 2014: A completed 'new' PBE (['Personal Beliefs Exemption to Required Immunizations'](#) -CDPH 8262)

For each student, **check** the appropriate box on the Kindergarten Worksheet: **1. All Immuns.** OR **2. PME** OR **3. PBE**. If student is PBE, check also only one of the following:

- **a. Pre-Jan 2014** column - if a 2nd year transitional kindergarten student with a personal beliefs exemption taken prior to January 1, 2014.
- **b. Health Care Practitioner** column - if there is documentation of counseling from an authorized health care practitioner in section A of the 'new' PBE Form (CDPH 8262) or its equivalent
- **c. Religious** column - if the parent had indicated a religious personal beliefs in Section B of the 'new' PBE Form or its equivalent

A "Conditional Entrant" is a student who DOES NOT meet requirements. This student must be followed up because he/she:

- lacks (i.e., is not yet due for) at least one dose and DOES NOT have a personal beliefs or permanent medical exemption; OR
- has a physician affidavit of TEMPORARY Medical Exemption for one or more doses; OR
- is a transfer student who has no record available yet (count this student as NOT meeting the requirements for ALL vaccines).

For these students, **check** the correct box on the Work Sheet: **4. Cond.** **AND** each antigen (*a. Polio, b. DTP, c. MMR, d. Hepatitis B, e. Varicella*) for which the child is deficient.

***** NOTE:** Before reporting, review the worksheet for errors. Check that each 'Unconditional Entrant' has a single check mark in Column 1, 2, or 3 (and if a check mark in column 3 then also a check mark in column 3a, 3b, or 3c). In addition, all 'Conditional Entrants' must have a check mark in column 4 plus one or more check marks in 4a, 4b, 4c, 4d, and/or 4e. No students should ever have a check mark under both the 'Unconditional Entrants' and 'Conditional Entrants'. *******

FINAL STEP: COMPLETING THE SCHOOL SUMMARY SHEET

Count the number of check marks in each column of the "WORK SHEET" and **enter** the totals in the Subtotal lines; then total all (if multiple pages were needed).

Copy the Totals from the "WORK SHEET" into the corresponding spaces on the School Summary Sheet.

Double check that the math is correct: Spaces 1, 2, 3, and 4 must TOTAL EXACTLY the "Number of Kindergarten Students Enrolled". Space 3a, 3b, and 3c must TOTAL EXACTLY space 3. And space 4 must be accounted for by spaces a, b, c, d, and/or e. School or district staff should **date** the form and provide their information for a designated contact.

After completing the School Summary Sheet, **send** a copy by October 15 to the California Department of Public Health (unless otherwise indicated). **Retain** a copy of the School Summary Sheet and Work Sheet(s) for your records.

***** THANK YOU for helping to protect California's children from vaccine-preventable diseases*****