



# 1st Grade

## Immunization Assessment

**1****School Information****SCHOOL INFORMATION****School Name:** AMERICAN RIVER CHARTER**CDE School Code:** 0121566**Type:** ☐ private ☒ public**County:** EL DORADO**School Email:** DAGLEASON@BOMUSD.ORG**Physical Address:** 6620 WENTWORTH SPRINGS ROAD**Status:****2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** ANDREA CELIO**Email:** ACELIO@BOMUSD.ORG**Phone Number:** 530-333-8330**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** ANDREA CELIO**Email:** ACELIO@BOMUSD.ORG**Phone Number:** 530-333-8330**Report Submitted Date:** 2021-08-02**Total number of 1st Grade Students:**

100

Account for each student in one of the categories below.

**UNCONDITIONAL ADMISSION:****Requirements Met**

All Required Vaccine Doses

A

95

**Requirements Met, But Missing Doses**

Permanent Medical Exemption

*Includes MD/DO verification of varicella disease*

C

3

Other:

IEP Services

F1

1

Independent Study

F2

1

Home-based Private School

F3

0

**Missing Doses By Vaccine**

5

Students are missing doses.

Total number of students missing each vaccine:

Polio

5

Hep B

0

DTaP

0

Varicella

0

MMR

0

**CONDITIONAL ADMISSION, NEED FOLLOW-UP:**

Conditional- Missing Doses Not Currently Due

B

0

Temporary Medical Exemption

D

0

**REQUIREMENTS NOT MET, MISSING DOSES**

Overdue- Needs Doses Now

G

0

*Includes homeless or foster care students in process of locating records***TOTAL**

100