



7th Grade

Immunization Assessment

1**School
Information**

SCHOOL INFORMATION

School Name: _____**CDE School Code:** _____**Type:** ☐ private ☐ public**County:** _____**School Email:** _____**Physical Address:** _____**2****Contact
Information**

DESIGNATED SCHOOL CONTACT

Name: _____**Email:** _____**Phone Number:** _____**3****Summary
Report**

STAFF MEMBER COMPLETING THIS FORM

Name: _____**Email:** _____**Phone Number:** _____**Report Submitted Date:** _____**Total number of 7th Grade Students:**

UNCONDITIONAL ADMISSION:

Requirements Met

Tdap A

Requirements Met, But Missing Doses

Permanent Medical Exemption C

Others

IEP Services F1 Independent Study F2 Home-based Private School F3

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Temporary Medical Exemption D

REQUIREMENTS NOT MET, MISSING DOSES

Overdue G *Previously Known as Enrolled But Not Attending***TOTAL**