



7th Grade

Immunization Assessment

1

School
Information

SCHOOL INFORMATION

School Name: ALAMEDA COMMUNITY LEARNING CENTER

CDE School Code: 0130609

Type: ☐ private ☒ public

County: ALAMEDA

School Email: ANNAHITA.RAD@CLCSCHOOLS.ORG

Physical Address: 1900 THIRD STREET

Status: Active

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Contact
Information

DESIGNATED SCHOOL CONTACT

Name: KIRA FOSTER

Email: KIRA.FOSTER@ALAMEDACLIC.ORG

Phone Number: 510-995-4300

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Summary
Report

STAFF MEMBER COMPLETING THIS FORM

Name: KIRA FOSTER

Email: KIRA.FOSTER@ALAMEDACLIC.ORG

Phone Number: 510-995-4300

Report Submitted Date: _____

Total number of 7th Grade Students:

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:

Requirements Met

All Required Vaccine Doses

Varicella

A

Tdap

A

Requirements Met, But Missing Doses

Permanent Medical Exemption

Medical reason other than varicella disease

C1

C1

MD/DO verification of varicella disease

C2

Other:

IEP Services

F1

F1

Independent Study

F2

F2

Home-based Private School

F3

F3

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional- Missing Doses Not Currently Due

Varicella only

B

Temporary Medical Exemption

D

D

REQUIREMENTS NOT MET, MISSING DOSES

Overdue- Needs Doses Now

Includes homeless or foster care students in process of locating records

G

G

TOTAL

10

10