



1st Grade

Immunization Assessment

1**School Information**

SCHOOL INFORMATION

School Name: ACTON ACADEMY EAST BAY**CDE School Code:** 6159180**Type:** ☒ private ☐ public**County:** ALAMEDA**School Email:** TONYYEH@ACTONEASTBAY.ORG**Physical Address:** 3110 CONSTITUTION DRIVE**Status:** Active**2****Contact Information**

DESIGNATED SCHOOL CONTACT

Name: test**Email:** TEST@GMAIL.COM**Phone Number:** 510-111-1111**3****Summary Report**

STAFF MEMBER COMPLETING THIS FORM

Name: test**Email:** TEST@GMAIL.COM**Phone Number:** 510-111-1111**Report Submitted Date:** 2021-09-20**Total number of 1st Grade Students:****30**

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:

Requirements Met

All Required Vaccine Doses

A

30

Requirements Met, But Missing Doses

Permanent Medical Exemption

Includes MD/DO verification of varicella disease

C

0

Other:

IEP Services

F1

0

Independent Study

F2

0

Home-based Private School

F3

0

Missing Doses By Vaccine

0

Students are missing doses.

Total number of students missing each vaccine:

Polio

0

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****30**