



# 7th Grade

## Immunization Assessment

**1****School Information****SCHOOL INFORMATION****School Name:** \_\_\_\_\_**CDE School Code:** \_\_\_\_\_**Type:** ☐ private ☐ public**County:** \_\_\_\_\_**School Email:** \_\_\_\_\_**Physical Address:** \_\_\_\_\_**Status:** \_\_\_\_\_**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:** 

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**