



1st Grade

Immunization Assessment

1**School Information**

SCHOOL INFORMATION

School Name: COMMUNITY SCHOOL FOR CREATIVE EDUCATION**CDE School Code:** 0123968**Type:** ☐ private ☒ public**County:** ALAMEDA**School Email:** MONIQUEB@COMMUNITYSCHOOLFORCREATIVEEDUCATION.ORG**Physical Address:** 2111 INTERNATIONAL BOULEVARD**Status:** NO 1st Grader EVER**2****Contact Information**

DESIGNATED SCHOOL CONTACT

Name: ALEJANDRA BAEZ**Email:** ALEJANDRAB@COMMUNITYSCHOOLFORCREATIVEEDUCATION.ORG**Phone Number:** 510-686-4131**3****Summary Report**

STAFF MEMBER COMPLETING THIS FORM

Name: ALEJANDRA BAEZ**Email:** ALEJANDRAB@COMMUNITYSCHOOLFORCREATIVEEDUCATION.ORG**Phone Number:** 510-686-4131**Report Submitted Date:** 2021-08-03**Total number of 1st Grade Students:**

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:

Requirements Met

All Required Vaccine Doses

A

Requirements Met, But Missing Doses

Permanent Medical Exemption

Includes MD/DO verification of varicella disease

C

Other:

IEP Services

F1

Independent Study

F2

Home-based Private School

F3

Missing Doses By Vaccine

Students are missing doses.

Total number of students missing each vaccine:

Polio

Hep B

DTaP

Varicella

MMR

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional- Missing Doses Not Currently Due

B

Temporary Medical Exemption

D

REQUIREMENTS NOT MET, MISSING DOSES

Overdue- Needs Doses Now

G

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