



7th Grade

Immunization Assessment

1School
Information**SCHOOL INFORMATION**

School Name: _____

CDE School Code: _____

Type: ☐ private ☐ public

County: _____

2Contact
Information**DESIGNATED SCHOOL CONTACT**

Name: _____

Email: _____

Phone Number: _____

3Summary
ReportTotal number of 7th Grade Students:

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses

VaricellaA **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**