



# 7th Grade

## Immunization Assessment

**1****School  
Information**

### SCHOOL INFORMATION

**School Name:** \_\_\_\_\_**CDE School Code:** \_\_\_\_\_**Type:** ☐ private ☐ public**County:** \_\_\_\_\_**School Email:** \_\_\_\_\_**Physical Address:** \_\_\_\_\_**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:** 

### UNCONDITIONAL ADMISSION:

#### Requirements Met

Tdap A 

#### Requirements Met, But Missing Doses

Permanent Medical Exemption C 

Others

IEP Services F1 Independent Study F2 Home-based Private School F3 

### CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Temporary Medical Exemption D 

### REQUIREMENTS NOT MET, MISSING DOSES

Overdue G *Previously Known as Enrolled But Not Attending***TOTAL**