



# 7th Grade

## Immunization Assessment

**1**School  
Information**SCHOOL INFORMATION**

School Name: \_\_\_\_\_

CDE School Code: \_\_\_\_\_

Type: ☐ private ☐ public

County: \_\_\_\_\_

Administer/Principal: \_\_\_\_\_

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**Personal Belief Exemption E 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**