



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**