



# 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**