



# 8th Grade

## Immunization Assessment

1

School  
Information

### SCHOOL INFORMATION

School Name: IONE JUNIOR HIGHCDE School Code: 6107395Type: ☐ private ☒ publicCounty: AMADORSchool Email: RICHARD.MODESTI@ACUSD.ORGPhysical Address: 217 REX AVENUE

Status: \_\_\_\_\_

2

Contact  
Information

### DESIGNATED SCHOOL CONTACT

Name: JOANNE HASSONEmail: JHASSON@ACUSD.ORGPhone Number: 209-257-5343

3

Summary  
Report

### STAFF MEMBER COMPLETING THIS FORM

Name: JOANNE HASSONEmail: JHASSON@ACUSD.ORGPhone Number: 209-257-5343

Report Submitted Date: \_\_\_\_\_

Total number of 8th Grade Students: 

Account for each student in one of the categories below.

### UNCONDITIONAL ADMISSION:

#### Requirements Met

All Required Vaccine Doses

#### Varicella

A 

#### 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

50

50

CDPH XXXX