



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:**

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses

VaricellaA **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**