



8th Grade

Immunization Assessment

1School
Information**SCHOOL INFORMATION**

School Name: _____

CDE School Code: _____

Type: ☐ private ☐ public

County: _____

School Email: _____

Physical Address: _____

Status: _____

2Contact
Information**DESIGNATED SCHOOL CONTACT**

Name: _____

Email: _____

Phone Number: _____

3Summary
Report**STAFF MEMBER COMPLETING THIS FORM**

Name: _____

Email: _____

Phone Number: _____

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

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**

CDPH XXXX