



7th Grade

Immunization Assessment

1**School Information**

SCHOOL INFORMATION

School Name: BANGOR ELEMENTARY**CDE School Code:** 6002919**Type:** ☐ private ☒ public**County:** BUTTE**School Email:** LALBERT@BANGORUNION.ORG**Physical Address:** 7549 ORO-BANGOR HIGHWAY**Status:** _____**2****Contact Information**

DESIGNATED SCHOOL CONTACT

Name: MICHELLE DODELE-MONNOT**Email:** MDODELE@BANGORUNION.ORG**Phone Number:** 530-679-2434**3****Summary Report**

STAFF MEMBER COMPLETING THIS FORM

Name: MICHELLE DODELE-MONNOT**Email:** MDODELE@BANGORUNION.ORG**Phone Number:** 530-679-2434**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

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****30****30**