



# 7th Grade

## Immunization Assessment

1

School  
Information

### SCHOOL INFORMATION

School Name: CALAVERAS RIVER ACADEMY

CDE School Code: 0530048

Type: ☐ private ☒ public

County: CALAVERAS

School Email: RGLOCK@CCOE.K12.CA.US

Physical Address: 150 OLD OAK ROAD

Status: Active

2

Contact  
Information

### DESIGNATED SCHOOL CONTACT

Name: CAROL BELOT RN

Email: CBELOT@MTWAIN.K12.CA.US

Phone Number: 209-736-6533

3

Summary  
Report

### STAFF MEMBER COMPLETING THIS FORM

Name: CAROL BELOT RN

Email: CBELOT@MTWAIN.K12.CA.US

Phone Number: 209-736-6533

Report Submitted Date:

Total number of 7th Grade Students: 20

Account for each student in one of the categories below.

### UNCONDITIONAL ADMISSION:

#### Requirements Met

All Required Vaccine Doses

#### Varicella

A 20

#### Tdap

A 20

#### Requirements Met, But Missing Doses

Permanent Medical Exemption

Medical reason other than varicella disease

C1 0

C1 0

MD/DO verification of varicella disease

C2 0

Other:

IEP Services

F1 0

F1 0

Independent Study

F2 0

F2 0

Home-based Private School

F3 0

F3 0

### CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional- Missing Doses Not Currently Due

*Varicella only*

B 0

Temporary Medical Exemption

D 0

D 0

### REQUIREMENTS NOT MET, MISSING DOSES

Overdue- Needs Doses Now

*Includes homeless or foster care students in process of locating records*

G 0

G 0

**TOTAL**

**20**

**20**