



1st Grade

Immunization Assessment

1**School Information****SCHOOL INFORMATION****School Name:** JACOBY CREEK**CDE School Code:** 6007959**Type:** ☐ private ☒ public**County:** HUMBOLDT**School Email:** MNANNIZZI@JCSK8.ORG**Physical Address:** 1617 OLD ARCATA ROAD**Status:****2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** CATHRYN BABINSKI**Email:** CBABINSKI@JCSK8.ORG**Phone Number:** 707-822-4896**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** CATHRYN BABINSKI**Email:** CBABINSKI@JCSK8.ORG**Phone Number:** 707-822-4896**Report Submitted Date:****Total number of 1st Grade Students:** 20

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses A 20

Requirements Met, But Missing DosesPermanent Medical Exemption
Includes MD/DO verification of varicella disease C 0

Other:

IEP Services F1 0

Independent Study F2 0

Home-based Private School F3 0

Missing Doses By Vaccine

0 Students are missing doses.

Total number of students missing each vaccine:

Polio 0 Hep B 0

DTaP 0 Varicella 0

MMR 0

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional- Missing Doses Not Currently Due B 0

Temporary Medical Exemption D 0

REQUIREMENTS NOT MET, MISSING DOSES

Overdue- Needs Doses Now G 0

*Includes homeless or foster care students in process of locating records***TOTAL** 20