



# 7th Grade

## Immunization Assessment

1

School  
Information

### SCHOOL INFORMATION

School Name: \_\_\_\_\_

CDE School Code: \_\_\_\_\_

Type: ☐ private ☐ public

County: \_\_\_\_\_

Administer/Principal: \_\_\_\_\_

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

#### 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**