



8th Grade

Immunization Assessment

1**School Information****SCHOOL INFORMATION****School Name:** AMADOR COUNTY SPECIAL EDUCATION**CDE School Code:** 0330068**Type:** ☐ private ☒ public**County:** AMADOR**School Email:** KATHRYN.BROWN@ACUSD.ORG**Physical Address:** 217 REX AVENUE**Status:** NO 8th Grade THIS YEAR**2****Contact Information****DESIGNATED SCHOOL CONTACT****Name:** JOANNE HASSON**Email:** JHASSON@ACUSD.ORG**Phone Number:** 209-257-5343**3****Summary Report****STAFF MEMBER COMPLETING THIS FORM****Name:** JOANNE HASSON**Email:** JHASSON@ACUSD.ORG**Phone Number:** 209-257-5343**Report Submitted Date:****Total number of 8th Grade Students:** 0

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses

Varicella

A 0

Tdap

A 0

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**0****0**

CDPH XXXX