



# 7th Grade

## Immunization Assessment

**1****School Information**

### SCHOOL INFORMATION

**School Name:** ALAMEDA COUNTY COMMUNITY**CDE School Code:** 0130419**Type:** ☐ private ☒ public**County:** ALAMEDA**Administer/Principal:** CAROLYN HOBBS**School Email:** CHOBBS@ACOE.ORG**Physical Address:** 313 WEST WINTON AVENUE**2****Contact Information**

### DESIGNATED SCHOOL CONTACT

**Name:** MICHELLE BROOKS**Email:** MBROOKS@ACOE.ORG**Phone Number:** 510-670-7736**3****Summary Report**

### STAFF MEMBER COMPLETING THIS FORM

**Name:** MICHELLE BROOKS**Email:** MBROOKS@ACOE.ORG**Phone Number:** 510-670-7736**Report Submitted Date:** 2018-11-30**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****20****20**