



Total Number of Children

ID

*Total
Children=
A+ B+C+
D+F+G

IMM-1272 (8-19)



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:** _____

Note: This form is for accounting purposes only and should be kept for your reference.

Please log-in to shotsforschool.org/reporting to complete the immunization assessment summary online.

Total number of 7th Grade Students:

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses

VaricellaA **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**

8th Grade

Immunization Assessment Worksheet

Please refer to the reporting instructions for complete category definitions and details. List each student and check the designated box of their status for Varicella and Tdap. Total the columns for the number of students in each category for Varicella and Tdap. Retain the worksheet for your records in case of audit and as a roster of students in the event of an outbreak.

Total Number of Children		VARICELLA									
ID	2 Varicella	Permanent Medical Exemption		IEP	IND	Home	Condi- tional	TME	Over- due		
		MED	POX								Other
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											
Total students in each category		A	C1	C2	F1	F2	F3	B	D	G	TOTAL

*Total
Children=
A+ B+C+
D+F+G

[illegible]

Log-in to shotsforschool.org/reporting to complete the immunization assessment summary online. Transfer the values in each respective category.



8th Grade

Immunization Assessment

1**School Information****SCHOOL INFORMATION****School Name:** _____**CDE School Code:** _____**Type:** ☐ private ☐ public**County:** _____**School Email:** _____**Physical Address:** _____**Status:** _____**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:** _____

Note: This form is for accounting purposes only and should be kept for your reference.

Please log-in to shotsforschool.org/reporting to complete the immunization assessment summary online.

Total number of 8th Grade Students:

Account for each student in one of the categories below.

UNCONDITIONAL ADMISSION:**Requirements Met**

All Required Vaccine Doses

VaricellaA **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**