

REPEAL

California Department of Health Services

IMMUNIZATION ASSESSMENT OF SEVENTH GRADE STUDENTS

For Office Use Only

CDS Code: _____

Public School

School Name: _____

District: _____

Address: _____

Private School

City, Zip: _____

7TH GRADE ENROLLMENT :

1. Students with all required immunizations: _____

4. Students needing Hep B follow-up: _____

2. Permanent Medical Exemptions (PME): _____

5. Students needing MMR follow-up: _____

3. Personal Beliefs Exemptions (PBE) _____

Person completing

this form: _____ Date _____ Telephone _____

DHS 8259 (8/98)