Eleventh Grade

School/Facility Annual Immunization Survey Worksheet See Instructions for filling out the School/Facility Annual Immunization Survey Worksheet

Country	School/Facility Name:
County:	_ School/Facility Name:

Certificate Information							Vaccine Specific Information							
	Certificate				F : 1/51		1 Tdap	2 MenAWCY		3+ Hepatitis B		2 Varicella	Varicella	Varicella
Child ID # and Date of Birth	Expiration Date (MM/DD/YY)	Current/ Up to Date/	Medical Exemption	Religious Exemption	Expired/N ot Up to Date/ Non- Complant	Certificate	# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of children with 1 varicella dose with history of chickenpox	# of children with 2 varicella dose with history of chickenpox
Totals	-													