Kindergarten Grade

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

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County:	_School/Facility Name:

Our Control of the Co							Marsina Onasifia Information								
Certificate Information							Vaccine Specific Information								
	Certificate				Expired/N	N.	4+ DTaP/DT P	3+ Polio (IPV)	2+ Hepatitis A	3+ Hepatitis B	2 MMR	2 Varicella	Varicella	Varicella	
Child ID # and Date of Birth	Date Up	Up to Date/	Current/ Jp to Date/ Compliant Exemption	Religious of Exemption Da	-411-4-	110	# 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															