Seventh Grade

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

County:______School/Facility Name: _____

Certificate Information								Vaccine Specific Information							
							1 Tdap	1 MenAWCY	2	3+ Hepatitis B	2 MMR	2 Varicella		Varicella	
Child ID # and Date of Birth	Certificate Expiration Date (MM/DD/YY)	Compliant	moundar	Religious Objections	Expired/ Not Up to Date/ Non- Complant		# of doses on record	# of doses on record	# of doses on record		# of doses on record		dose with history of		
Totals															