WORKSHEET FOR THE ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTER

(Side 1)

Page_____ of_____		LIST ALL CHILDREN AGES 2 THROUGH 4 YEARS, 11 MONTHS																					
VACCINE DOSE SUMMARY		CHECK ONLY THE LAST DOSE OF EACH VACCINE RECEIVED																					
			POLIO DOSES				DTP/Td DOSES					MMR[1]		HIB[1]		HEP B				VARICELLA[2]		EXEMPT	
NAME OR I.D. OF CHILD	DOB	F-UP Needed	0	1	2	3+	0	1	2	3	4+	0	1+	0	1+	0	1	2	3+	0	1+	med	pers
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25.																							
SUBTOTAL (If Applicable)																							
GRAND TOTAL																							

[1]Count as 1+ only if vaccine given **on or after the first birthday**.

[2]One dose of varicella vaccine or physician-documented varicella (chickenpox) disease is required by law for children ages 18 months and older effective 7/1/01. If a child has received the vaccine or has physician-documented varicella (chickenpox) disease, check the varicella 1+ column.

(over)

(Side 2)

WORKSHEET FOR THE ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTER

VACCINE DOSE SUMMARY		LIST ALL CHILDREN AGES 2 THROUGH 4 YEARS, 11 MONTHS																					
		CHECK ONLY THE LAST DOSE OF EACH VACCINE RECEIVED																					
			POLIO DOSES				DTP/Td DOSES					MMR[1]		HIB[1]		HEP B				VARICELLA[2]		EXEMPT	
NAME OR I.D. OF CHILD	DOB	F-UP Needed	0	1	2	3+	0	1	2	3	4+	0	1+	0	1+	0	1	2	3+	0	1+	med	pers
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49.																							
50.																							
SUBTOTAL																							

[1]Count as 1+ only if vaccine given **on or after the first birthday**.
[2]One dose of varicella vaccine or physician-documented varicella (chickenpox) disease is required by law for children ages 18 months and older effective 7/1/01.
If a child has received the vaccine or has physician-documented varicella (chickenpox) disease, check the varicella 1+ column.