



IMMUNIZATION ASSESSMENT REPORT FOR CHILD CARE CENTERS, PRESCHOOLS AND HEAD START PROGRAMS

Use this form to list all *incompletely* immunized children. Include children with exemptions to immunizations

#1. Facility:		Prepared By:		Total Enrollment: _____
Mailing Address:	City, Zip:	Title:	Phone:	Students < 19 mos:_____
Location Address:	City, Zip:	Date:	Fax:	Students ≥ 19 mos:_____

#2. All enrollees meet the immunization requirements: Yes ☐ No ☐ If No, please complete Section #3.

#3. Name of Child <small>List only children who are missing required immunizations and children who have an exemption to ANY immunization.</small>	BIRTH DATE <small>(mm/dd/yy)</small>	A G E <small>E</small>	ENTRY DATE <small>(mm/dd/yy)</small>	NO Immunization Record	EXEMPT		Mark an (X) in column of missing vaccine dose(s)													PE	TB	Notes
					Religious	Medical	DTaP / DTP / DT				POLIO			Hib	HEPATITIS B			MMR	Varicella			
							1	2	3	4	1	2	3	1 dose on or after 1 st BD	1	2	3	1	1			
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PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS REPORT