Kindergarten
Annual School Immunization Survey Worksheet

See Instructions for filling out the Annual School Immunization Survey Worksheet and the EXAMPLE

County: _____ **School Name:** _____

Certificate Information							Vaccine Specific Information				
Child ID #	Date of Birth (MM/DD/YY)	Certificate Expiration Date (MM/DD/YY)	Current/ Provisional/ Expired Certificate	Medical Exemption	Religious Exemption	No Certificate on File	**DTaP/DTP/ DT**	**Polio**	**Hepatitis B**	**MMR**	**Varicella**
							# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record or History of Disease
Totals*											

*NOTE: Totals are not a sum of the number of doses. Totals indicate the number of children with a particular count of vaccine. See EXAMPLE for details.