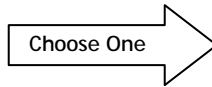


Immunization Assessment Of Children 0-5 Years of Age, Due November 15, 2009

Name Of Child Care _____ License # _____ Contact Person _____ E-mail Address _____ Phone _____ Fax _____

Mailing Address, City, Zip _____ Physical Address, City, Zip _____ Date of Report _____

*Please use a separate page for each age group.
All children included on this page should fit into one of the two age groups.
Please place on "X" in one of the two boxes to the right.*



- Children with birth dates on or after April 1, 2008, or
 Children with birth dates from October 1, 2004 through March 31, 2008

Do not include children enrolled in kindergarten.

Child's Name	Date of Birth	DTaP/DTP/DT		Polio		MMR		Hib		PCV7		Hepatitis A		Hepatitis B		Varicella		Influenza		Exemptions							
		How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	Date of 1 st Dose	Date of 2 nd Dose	How many doses on record?	Date of Last Dose	Date of Last Dose	Has child had <u>chicken pox</u> ?	How many doses on record?	Date of last dose	Religious	Temporary Medical	Permanent Medical	Lab Evidence of Immunity		
1.																											
2.																											
3.																											
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