IMMUNIZATION WORKSHEET FOR CHILDCARE AND EARLY CHILDHOOD FACILITIES **DO NOT RETURN THIS FORM** **KEEP FOR YOUR RECORDS**

Facility name:

Total enrollment:

Date:

Prepared by:

Age-appropriately immunized against:

Name	Date of Birth	Age	No Record	Exempt*	DTaP		Polio IPV/OPV		MMR - Measles, Mumps and Rubella		*Haemophilus influenzae* type B (Hib)		Varicella (Chicken-pox)		Hepatitis A (HAV)		Pneumo-coccal (PCV)		Rotavirus (RV)		Adequately Immunized	
					YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Sub-total this page																						
Summary totals																						

*Allowable exemptions include medical (med), religious (rel), moral (mor), philosophical (phil) and history of disease (hx).

Make photocopies of this worksheet before filling it out if you know you will need more than one page.

Transfer summary totals to the immunization summary form.