VERMONT
DEPARTMENT OF HEALTH

Annual Immunization Report Worksheet

This form is for school use, do not submit to the Vermont Department of Health
List only those students not meeting vaccine requirements.

GRADE: _____ SCHOOL YEAR: _____ Page ____of ____

Student Name	Dose/Doses Needed																	
	Dtap/DTP/Tdap						*Polio*			*MMR*		*Hep B*			*Varicella*		Meningococcal	Exemption Provisional Admittance/*Exclusion*