

LISTING of PROVISIONAL & EXEMPT CHILDREN

Facility Name: _____

Year: _____



DEPARTMENT OF HEALTH

		MISSING VACCINES							Child w/ Signed Exemption or Provisional Form			
Child's Name	Date of Birth	Hib	PCV	Hepatitis B	DTaP	Polio	MMR	Varicella	Medical	Philosophical Religious	Provisional Admittance	NOTES
Example child	8/15/2008				1						1	Appointment next week
Example child	3/17/2010	1	1	1	1	1	1	1		1		Parent signed forms
TOTALS		1	1	1	2	1	1	1	0	1	0	

INSTRUCTIONS:
 Use "1" instead of "X" when using online version w/ formulas
 List children with missing vaccine doses & place a "1" in the correct (vaccine) column (left side of form)
 Indicate the reason for missing vaccine/s by placing a "1" in the correct column (right side of form)
 Children with signed exemptions should remain on the list
 Delete provisionally admitted students from the list when all vaccine doses are received