## PROVISIONAL AND EXEMPT - use this less detailed sheet for children enrolled in

FACILITY NAME:



CALENDAR/SCHOOL YEAR:			Missing Vaccine							onal Admit	tance form	DEPARTMENT OF HEALTH
Student's Name	Date of Birth	DTaP	Polio	MMR	Hepatitis B	Varicella	PCV	Hib	Medical	Religious	Provisional Admitance	NOTES
Elana Garcia (example)	3/1/2013					1					1	Missing/Prov FM 9/15/16, TC ML 9/30, 10/1, 10/2. Exclude/Prov FM 10/7/16
Joshua Brown (example)	4/2/2014	1	1	1	1	1	1	1			1	New enrollee, records requested 10/8/16
Emma Watson (example)	5/3/2015				1					1		Religious exemption form submitted 2016-17
Mia Lee (example)	6/4/2013			1		1			1			Medical exemption submitted, valid until 10/31/16
totals		1	1	2	2	3	1	1	1	1	2	

## **Instructions:**

FM = form mailed

- Only list children who do not meet vaccine/immunity requirements

TC = ttelephone call

- Delete provisionally admitted children from the list when all vaccine doses are received

ML = message left

- Indicate missing vaccine and reason with the number "1" (don't use an X) in order to have excel calculate totals for the Annual Immunization Status Report
- Indicate missing for each vaccine and also in the end columns (J,K,L)
- Children with a signed exemption form should remain on the list.