

Tally Sheet of Assessed Children

Date: _____

Note: This tool has been created to help evaluate the immunization status and complete the *Child Care/Preschool Immunization Status Report*.

	DOB	Age Group	DTaP	Polio	Hib	Hep B	PCV	MMR	Varicella	Varicella Disease	Medical (M) or Parental/Guardian (P) Exemption	In Progress (√)	Noncompliant (√)
A												<input type="checkbox"/>	<input type="checkbox"/>
B												<input type="checkbox"/>	<input type="checkbox"/>
C												<input type="checkbox"/>	<input type="checkbox"/>
D												<input type="checkbox"/>	<input type="checkbox"/>
E												<input type="checkbox"/>	<input type="checkbox"/>
F												<input type="checkbox"/>	<input type="checkbox"/>
G												<input type="checkbox"/>	<input type="checkbox"/>
H												<input type="checkbox"/>	<input type="checkbox"/>
I												<input type="checkbox"/>	<input type="checkbox"/>
J												<input type="checkbox"/>	<input type="checkbox"/>
K												<input type="checkbox"/>	<input type="checkbox"/>
L												<input type="checkbox"/>	<input type="checkbox"/>
M												<input type="checkbox"/>	<input type="checkbox"/>
N												<input type="checkbox"/>	<input type="checkbox"/>
O												<input type="checkbox"/>	<input type="checkbox"/>

