HAWAII STATE DEPARTMENT OF HEALTH

Hawai'i Department of Health

Report #1 due October 10
Report #2 due January 10

IMMUNIZATION ASSESSMENT REPORT FOR CHILD CARE CENTERS, PRESCHOOLS AND HEAD START PROGRAMS

Use this form to list all *incompletely* immunized children. Include children with exemptions to immunizations

#1. Facility:		**Prepared By:**		**Total Enrollment:**_____
Mailing Address:	City, Zip:	Title:	Phone:	Students < 19 mos:_____
Location Address:	City, Zip:	Date:	Fax:	Students ≥ 19 mos:_____

#2. All enrollees meet the immunization requirements: Yes ☐ No ☐ If No, please complete Section #3.

#3. Name of Child	BIRTH	A	ENTRY	NO	EXEMPT		Mark an (X) in column of missing vaccine dose(s)													PE	TB	**Notes**
List only children who are missing required immunizations	DATE	G	DATE	Immunization	**Religious**	**Medical**	DTaP / DTP / DT				POLIO			Hib	HEPATITIS B			MMR	Varicella			
and children who have an exemption to ANY immunization.	(mm/dd/yy)	E	(mm/dd/yy)	Record			1	2	3	4	1	2	3	1 dose on or after 1st BD	1	2	3	1	1			
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PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS REPORT

Director's Signature:_____