

County		Auditing Agency				Name of Reviewer			Telephone Number	
Municipality		Name of School, Clinic, Etc.				School Telephone No.		Number in Cohort		Date of Audit
No.:	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Student ID/Name:										
Date of Birth:										
Vaccine	Enter Date (Month/Day/Year) Each Dose Was Administered									
DTaP	1									
	2									
	3									
	4									
	5									
POLIO	1									
	2									
	3									
	4									
MMR	1									
	2									
HIB (If Noted)	1									
	2									
	3									
	4									
HEP B	1									
	2									
	3									
VARICELLA										
PCV13	1									
	2									
	3									
	4									
COMMENTS										