School Susceptible List (Need Follow-Up)

Washington State Department of Health

School: Staff: Date:

Write a "C" in the column under the vaccine or vaccine dose for which the child is Conditional and "NC" for Non

#	Due Date	Name	Birth Date	Conditional	Non Compliant	Hepatitis B			DTaP/DT					Tdap	Polio				MMR		VAR	
						1	2	3	1	2	3	4	5	1	1	2	3	4	1	2	1	2
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