

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT WORKSHEET

* Required Fields

*Name of School/Childcare Center			*ASR School ID		*Mailing Address				*City		
*School Contact Person					*Telephone Number			*Email Address			
*Grades in School From: _____ To: _____		*Total School Enrollment		*Total Enrolled/Surveyed CC/Pre: _____ K/1: _____ 6: _____ Transfer (Any Grade): _____							
*Audit Date		*Name of Auditor			*Name of Auditing Agency				*Telephone Number		*Email Address

PUPILS EXEMPTED OR NOT COMPLIANT			MISSING VACCINE ANTIGENS <i>Indicate missing vaccine; as appropriate, list (M) for Medical Exemption, (R) for Religious Exemption, and (P) for Provisional.</i>										Pupil Excluded	Comments
Name Date of Birth	Grade	No Record	All Vaccines	DTaP/ DT/Td/ Tdap	Polio	Measles Mumps Rubella (MMR)	HIB	Hep B	Varicella	PCV13	Flu	MCV4		
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														