Susceptible List (Exempt Children)

Site: | Classroom: | Date:

Write an "E" in the column under the vaccine or vaccine dose for which the child is exempt.

#	Exempt Date	Name	Birth Date	Hepatitis B			DTaP/DT				Hib				Polio			MMR	VAR	PCV			
				1	2	3	1	2	3	4	1	2	3	4	1	2	3	1	1	1	2	3	4
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