Worksheet for Children 24 Months to First Day of Kindergarten

Do not submit this worksheet to MDH.

- Write the name of each child in this age group in one of the spaces in the "Name" column. For each child, mark his or her vaccination status for each vaccine. Count the number of marks in each column at the bottom and transfer the count to your report form. Do not submit this worksheet to MDH.
- A child who is exempt must have a statement on file in accordance with Minn. Stat. §121A.15.
- A child who is exempt from a vaccine requirement should be counted in the NM (non-medical exemption) or ME (medical exemption) column for that vaccine even if the child has received some doses of the vaccine.
- Each child should only have one check mark for each vaccine.

Name	Hepatitis B					Diphtheria, tetanus, pertussis (DTaP)					Polio (IPV or OPV)					*Haemophilus influenzae* type b (Hib)				Measles, mumps, rubella (MMR)				Varicella (Chickenpox)					Hepatitis A			
	3 Doses (Meets Requirement)	1-2 Doses (In Progress)	No Doses	NM	ME	4 Doses (Meets Requirement)	1-3 Doses (In Progress)	No Doses	NM	ME	3 Doses (Meets Requirement)	1-2 Doses (In Progress)	No Doses	NM	ME	1 Dose (Meets Requirement)	No Doses	NM	ME	1 Dose (Meets Requirement)	No Doses	NM	ME	1 Dose (Meets Requirement)	No Doses	History of Disease	NM	ME	1 Dose (Meets Requirement)	No Doses	NM	ME
Number in column																																

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