**LIST OF SUSCEPTIBLE STUDENTS, Child Care/Pre-k**

**(Missing or Incomplete Immunizations)**

| **Student Name** | **DOB** | **DTaP**  (Diphtheria, Tetanus, Pertussis) | **IPV**  (Polio) | **MMR**  (Measles, Mumps, Rubella) | **Varicella** | **Hepatitis B** | **PCV**  (Pneumococcal Vaccine) | **HIB**  (Haemophilus influenzae type B) | **Reason Susceptible**  (Medical Exemption or *In Process*) |
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