**LIST OF SUSCEPTIBLE STUDENTS, K-12**

 **(Missing or Incomplete Immunizations)**

| **Student Name** | **DOB** | **DTaP**(Diphtheria, Tetanus, Pertussis) | **IPV**(Polio) | **MMR**(Measles, Mumps, Rubella) | **Varicella** | **HepB** | **Tdap** (Tetanus, Diphtheria, Pertussis) | **MenACWY** | **Reason Susceptible**(Medical Exemption or *In Process*) |
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