

**ROSTER OF ATTENDEES WHO COMPLETED THE ACTIVITY**

Georgia Department of Public Health

Immunization Office

TITLE OF ACTIVITY**:** Childhood, Adolescent, and Adult Immunization Schedule: Review of the Recommended Schedule

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE GIVEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROSTER OF ATTENDEES**

Please print or type

| NAME  Last Name, First | Occupation | ADDRESS | VFC PIN # |
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**Childhood, Adolescent, and Adult Immunization Schedule: Review of the Recommended Schedule**

**Educational Activity: #\_\_\_\_\_\_\_**