

**ROSTER OF ATTENDEES WHO COMPLETED THE ACTIVITY**

Georgia Department of Public Health

Immunization Office

TITLE OF ACTIVITY**:** GA Immunization Requirements for School and Childcare Attendance

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

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

**ROSTER OF ATTENDEES**

Please print or type

| NAMELast Name, First | Occupation  | ADDRESS | VFC PIN # |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**GA Immunization Requirements for School and Childcare Attendance**

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