



Unable to Vaccinate Log

School Name: _____

DHEC Contact Name/Phone Number: _____

Student's Name	Reason	Grade	Class
	<input type="checkbox"/> Child refused <input type="checkbox"/> Did not show <input type="checkbox"/> Missing information <input type="checkbox"/> Medical Precaution/Contraindication <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Child refused <input type="checkbox"/> Did not show <input type="checkbox"/> Missing information <input type="checkbox"/> Medical Precaution/Contraindication <input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Child refused <input type="checkbox"/> Did not show <input type="checkbox"/> Missing information <input type="checkbox"/> Medical Precaution/Contraindication <input type="checkbox"/> Other: _____		
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Unable to Vaccinate Log (DHEC 3120)

INSTRUCTIONS FOR COMPLETING (09/11)

Purpose: To provide a means of communication to the designated point of contact for the school based vaccination clinic. The form will be used to communicate all students whose parents consented to their child receiving vaccination in a school based clinic, but DHEC was unable to vaccinate their child.

Instructions:

DHEC staff will complete the appropriate sections.

Office Mechanics and Filing:

Form is given to the school contact after the vaccination clinic. Regions will make the decision if they need to retain a copy of the form.