

<b>Institution name and location</b>	<b>Telephone Number</b>	<b>Pin Number</b>
<b>Name of Submitter:</b>		

<b>Year</b>
<b>Quarter (Indicate quarter by circling)</b>
Jan-March    April-June    July-Sept    Oct-Dec
Due by 4/15    Due by 7/15    Due by 10/15    Due by 1/15

Vaccinee	Age of Person Vaccinated				Proximity to Infant			Relationship to Infant						
	7-18 years	19-49 years	50-64 years	65+ years	Household	Non-household	Unknown	Mother	Father	Sibling	Grandparent	Babysitter/ Nanny	Other	Specify Other Here:
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25														
<b>TOTALS</b>														

**Instructions:**  
 Please complete one line per vaccinee.

For institution location, indicate which area (e.g. labor and delivery, 2nd floor, or pharmacy)

Fax to the WI Immunization Program on a quarterly basis to: (608) 267-9493.

An electronic MS Excel version of this spreadsheet is available. Please contact the immunization program at (608) 267-9959 if interested.