

## SCHOOL SCREENING - GRITS

Proponent agency is MCHF-DFCM.

Because of the Georgia Registry of Immunization Transaction Service (GRITS), we are requesting the following information to be used to enter each patient's name into GRITS.

Thank you in advance for your cooperation and understanding.

1. Patient's Full Name:

\_\_\_\_\_

Last

First

Middle (full)

2. Mother's Maiden Name:

\_\_\_\_\_

Maiden

First

Middle (full)

3. Patient's date of birth:

\_\_\_\_\_

4. History of Chicken Pox:

Yes

No