

SCHOOL SCREENING - GRITS

The proponent agency is Department of Family and Community Medicine.

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 name First name Middle name

2. Mother's Maiden Name: _____
Maiden name First name Middle name

3. Patient's Date of Birth: _____

4. History of chicken pox: Yes No