**Form 2**

**Class teachers report**

**School Name :**

**Class : Section : Total Class Strength:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the Student** | **Total No. of Family Members (18years and above)** | **No. of family members (18years and above) Vaccinated details** | |
| **I dose** | **II dose** |
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Signature of the Class Teacher

School Name :

Class and section: