



Presentation Report Form
“Dose of Prevention”

Please complete this form for each presentation that you conduct in your school or community. Return this form along with the pre/post tests to:

New Jersey Department of Health
Vaccine Preventable Disease Program
PO Box 369
Trenton, NJ 08625-0369
ATTN: Erika Lobe/Jennifer Smith

Date of presentation: _____

of attendees: _____

Location of presentation: _____

(Example: School name; youth recreation center, etc.)

Presenter’s name: _____

Presenter’s phone: _____

Presenter’s email address: _____

Presenter’s organization: _____

Additional comments/feedback: