***HPV Vaccine is Cancer Prevention* – Sign in  
  
Date:**

**Location:**

**Instructor:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name or  Participant Number** | **Age** | **Race/ Ethnicity** | **On-site HPV Vaccine?** | | |
| **1.** |  |  |  | | |
| **2.** |  |  |  | | |
| **3.** |  |  |  | | |
| **4.** |  |  |  | | |
| **5.** |  |  |  | | |
| **6.** |  |  |  | | |
| **7.** |  |  |  | | |
| **First Name or  Participant Number** | **Age** | **Race/ Ethnicity** | **Received HPV Vaccine Voucher?** | **On-site HPV Vaccine?** |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
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| **19.** |  |  |  |  |
| **First Name or  Participant Number** | **Age** | **Race/ Ethnicity** | **Received HPV Vaccine Voucher?** | **On-site HPV Vaccine?** |
| **20.** |  |  |  |  |
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| **31.** |  |  |  |  |