

# Childcare Aggregate Report Form

**Instructions:** This form should be used by childcare centers to complete manual reporting of children whose records are not stored in MCIR or have a nondigital, nonmedical waiver. Once completed, the form must be sent to the Local Health Department (LHD) for final review. The LHD will assess the information below and contact the childcare if additional immunization information is needed. The LHD will enter the data below into MCIR/SIRS after the report period has closed.

<b>Childcare Name:</b> _____	<b>License Number:</b> _____
<b>Contact Name:</b> _____	<b>Contact Phone #:</b> _____
<b>Child's Name:</b> _____	<b>Date of Birth:</b> _____
<b>Date Aggregate Report Form Prepared:</b> _____	

Please mark Religious (R), Medical (M), or Other (O) for immunizations waived in the "Series Waived" boxes below.

	DT/DTaP 1	DT/DTaP 2	DT/DTaP 3	DT/DTaP 4	DT/DTaP 5	DT/DTaP 6	Series Waived			
							R	M	O	
<b>Date</b>										
	<b>POLIO 1</b>	<b>POLIO 2</b>	<b>POLIO 3</b>	<b>POLIO 4</b>	<b>POLIO 5</b>		Series Waived			
<b>Date</b>							R	M	O	
	<b>MMR 1</b>	<b>MMR 2</b>	<b>MMR 3</b>				Series Waived			
<b>Date</b>							R	M	O	
	<b>HIB 1</b>	<b>HIB 2</b>	<b>HIB 3</b>	<b>HIB 4</b>				Series Waived		
<b>Date</b>								R	M	O
	<b>HEP-B 1</b>	<b>HEP-B 2</b>	<b>HEP-B 3</b>	<b>HEP-B 4</b>				Series Waived		
<b>Date</b>								R	M	O
	<b>VAR 1</b>	<b>VAR 2</b>	<b>Had Disease</b>				Series Waived			
<b>Date</b>							R	M	O	
	<b>PCV 1</b>	<b>PCV 2</b>	<b>PCV 3</b>	<b>PCV 4</b>	<b>PCV 5</b>		Series Waived			
<b>Date</b>							R	M	O	

<b>For Local Health Department Use Only</b>	
Date Assessed: _____	
Assessed By: _____	
Child's Status (Complete, Provisional, Incomplete, Waiver): _____	
If incomplete or provisional, record reason: _____	