

Childcare Aggregate Report Form Tip Sheet

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.

1

Childcare Name: _____ License Number: _____

Contact Name: _____ Contact Phone #: _____

Child's Name: _____ Date of Birth: _____

Date Aggregate Report Form Prepared: _____

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

2

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

3

For Local Health Department Use Only

Date Assessed: _____

Assessed By: _____

Child's Status (Complete, Provisional, Incomplete, Waiver): _____

If incomplete or provisional, record reason: _____

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1

Indicate the childcare center's name; license number; name and phone number for the contact at the childcare center; child's name; child's date of birth; date the Childcare Aggregate Report Form was prepared.

2

Using each child's official immunization record, indicate the date for each valid, documented vaccine.

For vaccines being waived, enter under each column by waiver type.

*For reporting of Varicella disease, previous infection confirmed and documented by a healthcare provider may be used in lieu of documented vaccination series. Parents cannot self-attest for reporting purposes.

3

For Local Health Department use only. LHD staff will use this section to assess the child's immunization status.