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.

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.

	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 R	M	O
Date									
	MMR 1	MMR 2	MMR 3				Series Waived R	M	O
Date									
	HIB 1	HIB 2	HIB 3	HIB 4			Series Waived R	M	O
Date									
	HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4			Series Waived R	M	O
Date									
	VAR 1	VAR 2	Had Disease				Series Waived R	M	O
Date									
	PCV 1	PCV 2	PCV 3	PCV 4	PCV 5		Series Waived R	M	O
Date									

For Local Health Department Use Only

Date Assessed: _____

Assessed By: _____

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

If incomplete or provisional, record reason: _____