



Michigan Department of Health and Human Services

IP-100/101 Reporting Form for School/Childcare Immunization Reporting

Instructions: Please provide this form to schools or childcares to complete for manual reporting or for children whose records are not stored in MCIR.

It will be necessary for the Local Health Department to assess this record, return it to the school or childcare center for follow-up if additional immunizations are needed, and then edit the MCIR/SIRS data after the report period is closed, using this additional information.

Report Period: February ____ November ____ October ____

School/Childcare Name _____

Grade _____ Date of Birth _____

Vision Screening for Kindergarten Only* Yes No

DTP/DTaP/ Tdap/Td 1	DTP/DTaP/ Tdap/Td 2	DTP/DTaP/ Tdap/Td 3	DTP/DTaP/ Tdap/Td 4	DTP/DTaP/ Tdap/Td 5	DTP/DTaP/ Tdap/Td 6	*Series Waived
POLIO 1	POLIO 2	POLIO 3	POLIO 4	POLIO 5	*Series Waived	
MMR 1	MMR 2	MMR 3	*Series Waived			
HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4	*Series Waived		
HIB 1	HIB 2	HIB 3	HIB 4	*Series Waived		
VAR 1	VAR 2	VAR 3	Had Disease	*Series Waived		
PCV 1	PCV 2	PCV 3	PCV 4	PCV 5	*Series Waived	
Meningococcal MenACWY (MCV4) 1	Meningococcal MenACWY (MCV4) 2	*Series Waived				

*Please mark **R**=Religious, **M**=Medical, or **O**=Other in the *Series Waived* box.

For Local Health Department Use Only Date Assessed _____

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

If incomplete or provisional, record reason: _____