

Michigan Department of Health and Human Services Immunization Reporting Form for Childcare Reporting

Instructions: Please provide this form to childcares program 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 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.

Date: _____ Childcare Name: _____

Contact Name: _____ Phone: _____

Child's Name: _____ Date of Birth: _____

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			
HIB 1	HIB 2	HIB 3	HIB 4	*Series Waived		
HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 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

*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: _____