

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: <u>ABC Early Learning Center</u>	License Number: <u>630111111</u>
Contact Name: <u>Sally Smith</u>	Contact Phone #: <u>248-555-1212</u>
Child's Name: <u>Sunny Day</u>	Date of Birth: <u>3/23/2020</u>
Date Aggregate Report Form Prepared: <u>9/15/2023</u>	

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							X			
	POLIO 1	POLIO 2	POLIO 3	POLIO 4	POLIO 5		Series Waived			
							R	M	O	
Date							X			
	MMR 1	MMR 2	MMR 3				Series Waived			
							R	M	O	
Date	4/1/2021									
	HIB 1	HIB 2	HIB 3	HIB 4				Series Waived		
								R	M	O
Date								X		
	HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4				Series Waived		
								R	M	O
Date								X		
	VAR 1	VAR 2	Had Disease				Series Waived			
							R	M	O	
Date	4/1/2021						X			
	PCV 1	PCV 2	PCV 3	PCV 4	PCV 5		Series Waived			
							R	M	O	
Date							X			

For Local Health Department Use Only

Date Assessed: _____

Assessed By: _____

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

If incomplete or provisional, record reason: _____