

ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTERS

Please Type or Print

County _____

Center Name _____

Address _____

City _____ Zip Code _____

Type of Facility

Public

Private

Head Start

Phone No. () _____

Enrollment of children under 2 years of age

(Do not include these children in the section below. Don't forget -- all these children may need additional immunizations)

NOTE: Information for this report should be obtained from the blue California School Immunization Records (PM 286) of all enrolled children. See enclosed instructions for details.

1. VACCINE DOSE SUMMARY for children ages 2 years through 4 years, 11 months (use work sheet grand totals)

Enrollment of children ages 2 through 4 years, 11 months ←

VACCINE	0	1	2	3	4
POLIO					
DTP/Td/TD					
MMR					
HIB					
HEP B					
VARICELLA (CHICKENPOX)					

2. EXEMPTIONS:

2a. How many children are exempt from all or some immunizations for medical reasons? _____

2b. How many children are exempt from all or some immunizations for personal beliefs? _____

3. FOLLOW-UP:

3a. **Number of Children with Follow-up Needed.** (Those with less than 3 polio, 4 DTP, 1 MMR, 1 Hib, 3 hep B, and 1 varicella. Do not include children who have physician-documented varicella (chickenpox) disease. Include children who have not yet completed all of these doses. Do not include children under 2 years of age.)

3b. **Number of Children with No Follow-up Needed.** (This includes children who are exempt.)

3c. **TOTAL** (3a+3b = 3c) Must equal the Enrollment shown above of children ages 2 through 4 years, 11 months.

Please complete this report by October 15th unless an earlier date has been established by your local health department. Return the top copy (Yellow) of this report to the Immunization Coordinator at your **county health department**. The pink copy is for your files.

Name of person completing this form: _____ Date: _____