

Childcare Aggregate Report Form

Instructions: Childcares should use this form to manually report children who meet any of the following criteria: their records are not stored in MCIR, or they have a non-digital, non-medical waiver. **Complete one form per child.** Use this data to complete the tally form. All individual child forms and the tally form should be forwarded to your local health department.

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

Assessment of Child Data Reported Above				
	Complete	Provisional	Incomplete	Waivered
C				

Childcare Aggregate Report Tally Form

Instructions: Use the individual childcare aggregate report form data to complete this tally form. **All individual child forms and the tally form should be forwarded to your local health department.** This data will be entered into MCIR by the LHD after the report period has closed. This may affect your reporting compliance rate.

Childcare: _____	License: _____
Contact Name: _____	Contact Phone #: _____
Date Prepared: _____	
No Data to Report <input type="checkbox"/>	

	Total Number of Children Reported on Aggregate Forms:
C	_____

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

Summary of Child Data Reported Above						
	# of Children Complete Imms	# of Children Provisional	# of Children Incomplete	# of Children with Religious (R) Waivers	# of Children with Medical (M) Waivers	# of Children with Other (O) Waivers
C	_____	_____	_____	_____	_____	_____