Instructions for Completing Form 108-B

- **Complete all areas at the top of the form**, including name, **mailing and physical** address(es), contact person (person filling out the IDR form), e-mail address, phone, fax and license number.
- **Use a separate form for each age group:** children born on or after April 1, 2008, and children born October 1, 2004 through March 31, 2008.
- **Do not include** children born **before** October 1, 2004. **Do include** all children born on or after October 1, 2004, even those without an immunization record.
- Review the "Example of Completed 108-B Form" below, before you begin to fill in information.
- **Write the name and the complete date of birth for each child**. You may choose to provide an ID # for each child instead of their name. However, please note this will limit the Health Department's ability to assist you in updating your records.
- Count the number of doses of each vaccine each child has on his/her immunization record(s). The dates may be listed out of order; make sure to include the most recent date.
- Answer the question, "How many doses on record?" for each vaccine type and each child. For example, if a child has had 3 DTaP doses and the last dose was given on 12/15/06, you would write "3" in the space for number of doses, and write the month, day and year (12/15/06) in the space for "Date of Last Dose."
- **For Hepatitis A vaccine**, write the date of each shot that each child has on record. Be sure to write the month, day and year for the 1st and 2nd doses.
- **For Varicella vaccine**, if the child has received Varicella vaccine, write the date of the last dose. Answer the question, "Has child had chicken pox?" by writing "yes" or "no" in the space provided.
- **Exemptions:** if the child has a valid exemption form on file, place an **"X"** in the appropriate box to indicate the type of exemption, religious, temporary medical, permanent medical or laboratory evidence of immunity.
- After you have completed 108-B forms for all enrolled children born October 1, 2004 or later, count the total numbers and **fill in Form 108.**

Keep the yellow copy for your files, then mail the white completed forms to: **Maricopa County Department of Public Health**
Community Health Nursing – Immunization Assessments ******Mail by November 15, 2009**
4041 N. Central Ave., Suite 600, Phoenix, AZ 85012

Example of Completed Form

Child's Name	Date of Birth	DTaP/DTP/DT		Polio		MMR		Hib		PCV7		Hepatitis A		Hepatitis B		Varicella			Influenza		Exemptions			
		How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	Date of 1st Dose	Date of 2nd Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	Has child had *chicken pox*?	How many doses on record?	Date of Last Dose	Religious	Temporary Medical	Permanent Medical	Lab Immunity
1. Aaron Begay	4/30/08	4	7/29/09	3	11/6/08	1	5/13/09	3	5/13/09	4	7/29/09	5/13/09		11/6/08	4	1	5/13/09	No	2	1/3/09				
2. Jessica Lee	10/1/07	4	1/10/09	3	10/6/08	1	1/10/09	3	6/7/08	4	1/10/09	1/10/09		3	6/7/08	1	1/10/09	No	2	11/8/08				