

## Instructions for Completing Report Form 108

### For Childcare, Preschool, Pre-K and Head Start

Complete 108B form(s) listing all children born October 1, 2004 or later.
Record totals for children born April 1, 2008.
Record totals for children born from October 1, 2004 through March 31, 2008.
1. <b>Attendance</b> = the number of children in attendance in each age group.
2. <b>Immunization Records on File</b> = the number of children who have an immunization record or an exemption form.
3. <b>DTaP/DTP/DT</b> : Count the number of children in each age group who have 4 or more doses, then count the number with 3 doses, 2 doses and 1 dose of vaccine on record and write that number in the box for 4 doses. Count the children who have no doses on record under "0." Count each child only once. Total should = attendance number.
4. <b>Polio (IPV)</b> : Count the # of children with 3 or more doses, 2 doses, 1 dose and 0 doses. Count each child only once. Total should = attendance number.
5. <b>MMR</b> : Count the # of children with 2, 1 and 0 doses. Count each child only once. Total should = attendance number.
6. <b>Hib</b> : Count the # of children with 4, 3, 2, 1 and 0 doses. Count each child only once. Total should = attendance number.
7. <b>PCV7</b> : Count the # of children with 4, 3, 2, 1 and 0 doses. Count each child only once. Total should = attendance number.
8. <b>Hep A</b> : Count the # of children with 2, 1 and 0 doses. Count each child only once. Total should = attendance number.
9. <b>Hep B</b> : Count the # of children with 3 or more doses, 2, 1 and 0 doses. Count each child only once. Total should = attendance number.
10. <b>Varicella</b> : Count the # of children with 1 dose, history of chicken pox, and no doses or history of chicken pox. Count each child only once. Total should = attendance number.
11. <b>Influenza</b> : Count the # of children with 3 or more, 2, 1 and 0 doses. Count each child only once. Total should = attendance number.
12. <b>Religious Exemption</b> : Count the number of children who have a signed religious exemption for one or all vaccines.
13. <b>Temporary Medical Exemption</b> : Count the number of children who have a temporary medical exemption, signed and completed by their physician, for one or all vaccines.
14. <b>Permanent Medical Exemption</b> : Count the number of children who have a permanent medical exemption, signed and completed by their physician, for one or all vaccines.
15. <b>Laboratory Evidence of Immunity</b> : Count the number of children who have laboratory evidence of immunity, for one or all vaccines, and an exemption signed and completed by their physician.
<b><u>By November 15, 2009</u></b> Mail this form and all completed 108B forms to:  <b>Maricopa County Department of Public Health</b> <b>Community Health Nursing – Immunization Assessments</b> <b>4041 N. Central Ave., Suite 600, Phoenix, AZ 85012</b>