

Instructions for Completing Report Form 108

For Childcare, Preschool, Pre-K and Head Start

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| 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. <u>Attendance</u> = the number of children in attendance in each age group. |
| 2. <u>Immunization Records on File</u> = the number of children who have an immunization record or an exemption form. |
| 3. <u>DTaP/DTP/DT</u> : 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. <u>Polio (IPV)</u> : 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. <u>MMR</u> : Count the # of children with 2, 1 and 0 doses. Count each child only once. Total should = attendance number. |
| 6. <u>Hib</u> : Count the # of children with 4, 3, 2, 1 and 0 doses. Count each child only once. Total should = attendance number. |
| 7. <u>PCV7</u> : Count the # of children with 4, 3, 2, 1 and 0 doses. Count each child only once. Total should = attendance number. |
| 8. <u>Hep A</u> : Count the # of children with 2, 1 and 0 doses. Count each child only once. Total should = attendance number. |
| 9. <u>Hep B</u> : Count the # of children with 3 or more doses, 2, 1 and 0 doses. Count each child only once. Total should = attendance number. |
| 10. <u>Varicella</u> : 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. <u>Influenza</u> : Count the # of children with 3 or more, 2, 1 and 0 doses. Count each child only once. Total should = attendance number. |
| 12. <u>Religious Exemption</u> : Count the number of children who have a signed religious exemption for one or all vaccines. |
| 13. <u>Temporary Medical Exemption</u> : Count the number of children who have a temporary medical exemption, signed and completed by their physician, for one or all vaccines. |
| 14. <u>Permanent Medical Exemption</u> : Count the number of children who have a permanent medical exemption, signed and completed by their physician, for one or all vaccines. |
| 15. <u>Laboratory Evidence of Immunity</u> : 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. |
| <u>By November 15, 2009</u> Mail this form and all completed 108B forms to: Arizona Immunization Program Office Assessment Unit 150 North 18th Avenue, Suite 120 Phoenix, Arizona 85007-3233 |