





# Immunization Assessment Of Children 0-5 Years of Age, Due November 15, 2006

Name Of Child Care \_\_\_\_\_ License # \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address, City, Zip \_\_\_\_\_ Physical Address, City, Zip \_\_\_\_\_ Date of Report \_\_\_\_\_

Please use a separate page for each age group:

Circle the age group: 0-17 months (born on or after April 1, 2005)      **OR**      18-60 months (born October 1, 2001 through March 31, 2005)

| Name or I.D. | Date of Birth | DTaP/DTP/DT |   |   |    |                   | Polio |   |    | MMR               |                              | Hib                          |   |   |   | Hepatitis A |                   | Hepatitis B                  |                              |   |   | Varicella |   | Exemptions        |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
|--------------|---------------|-------------|---|---|----|-------------------|-------|---|----|-------------------|------------------------------|------------------------------|---|---|---|-------------|-------------------|------------------------------|------------------------------|---|---|-----------|---|-------------------|------------------------------|---|-----------|---------|--------------|--|--|--|--|--|--|--|--|--|
|              |               | 1           | 2 | 3 | 4+ | Date Of Last Dose | 1     | 2 | 3+ | Date Of Last Dose | Date Of 1 <sup>st</sup> Dose | Date Of 2 <sup>nd</sup> Dose | 1 | 2 | 3 | 4           | Date Of Last Dose | Date Of 1 <sup>st</sup> Dose | Date Of 2 <sup>nd</sup> Dose | 1 | 2 | 3         | 4 | Date Of Last Dose | Date Of 1 <sup>st</sup> Dose | Place an "X" here if child has had chicken pox. | Religious | Medical | Lab Evidence |  |  |  |  |  |  |  |  |  |
| 1.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 2.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 3.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 4.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 5.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 6.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 7.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 8.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 9.           |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 10.          |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 11.          |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 12.          |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 13.          |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 14.          |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |
| 15.          |               |             |   |   |    |                   |       |   |    |                   |                              |                              |   |   |   |             |                   |                              |                              |   |   |           |   |                   |                              |   |           |         |              |  |  |  |  |  |  |  |  |  |

## Instructions for Completing Form 108-B

Start by completing all areas at the top of the form, including the license number, if applicable. Child care includes pre-k and preschool.

List a contact person and phone/fax numbers we can use for questions/follow up.

Use a separate form for each age group.  
 0-17 month olds = children born on or after 4/01/05.  
 18-60 month olds = children born 10/1/01 through 3/31/05.

DO NOT include children born before 10/01/01. List all children born 10/1/01 or later, including those without an immunization record.

PRINT or TYPE the name or ID number of each child.

Record the BIRTHDATE of each child.

DTaP/DTP/DT and POLIO: Place an "X" in the appropriate box to indicate the number of doses the child has received and record the date of the last dose. Example: If child has 3 doses, place an "X" in the "3" column.

MMR: Record exact date of each dose given. Only one dose on or after the 1<sup>st</sup> birthday is required. Any dose given before the 1<sup>st</sup> birthday does not count.

HIB: Place an "X" in the column that indicates the number of doses received. Record date of last dose received. A booster dose on or after the 1<sup>st</sup> birthday is required.

HEP A: Place an "X" in the column for the number of doses given and record the date of the last dose. Required in Maricopa County only.

HEP B: Put an "X" in the column for the number of doses given and record date of last dose.

VARICELLA: Record the date the dose was given OR put "X" in the box if child has had chicken pox.

EXEMPTIONS: Put an "X" in the appropriate box only if a valid exemption form is on file for the child. Religious exemptions require the signature of the parent/guardian. Exemptions for medical reasons or laboratory evidence of immunity must include a physician's signed statement and signature.

### Example of Form 108-B Completed for 18-60 month olds

| CHILD or I.D.        | Birth Date | DTaP/DTP/DT |   |   |    |                         | Polio |   |    |                         | MMR                    |                        | Hib |   |   |        |                         | Hepatitis A |         |                         | Hepatitis B |   |         |                         | Varicella                          |  | Exemptions |         |              |  |  |
|----------------------|------------|-------------|---|---|----|-------------------------|-------|---|----|-------------------------|------------------------|------------------------|-----|---|---|--------|-------------------------|-------------|---------|-------------------------|-------------|---|---------|-------------------------|------------------------------------|--|------------|---------|--------------|--|--|
|                      |            | 1           | 2 | 3 | 4+ | Date Last Dose Received | 1     | 2 | 3+ | Date Last Dose Received | Date 1st Dose Received | Date 2nd Dose Received | 1   | 2 | 3 | 4      | Date Last Dose Received | 1           | 2       | Date Last Dose Received | 1           | 2 | 3       | Date Last Dose Received | Date 1 <sup>st</sup> Dose Received | Put "X" here if child has history of chicken pox | Religious  | Medical | Lab Evidence |  |  |
| 1. Christopher Begay | 2-5-03     |             |   |   | X  | 5-27-04                 |       |   | X  | 8-7-03                  | 2-10-04                |                        |     |   | X |        | 5-27-04                 |             |         |                         |             |   | X       | 2-10-04                 | 2-10-04                            |  |            |         |              |  |  |
| 2. Noah Finn         | 3-27-02    |             |   |   | X  | 7-1-03                  |       |   | X  | 4-6-03                  | 4-6-03                 | 5-1-06                 |     |   | X |        | 7-1-03                  |             |         |                         |             |   | X       | 4-6-03                  |                                    | X  |            |         |              |  |  |
| 3. Allison Lawrence  | 10-29-02   |             |   |   | X  | 2-2-04                  |       |   | X  | 10-30-03                | 10-30-03               |                        |     |   | X | 2-2-04 |                         | X           | 6-10-05 |                         |             | X | 5-15-03 | 10-30-03                |                                    |  |            |         |              |  |  |

**STOP! Before mailing this form, have you:**

1. Read and followed all directions?
2. Provided the correct birth date for each child?
3. Placed 0-17 month olds and 18-60 month olds on separate pages?
4. Counted totals and recorded them on form 108?
5. Kept the yellow copy for your files?

Mail Form 108B along with Form 108  
(totals sheet) by November 15, 2006 to:

**Maricopa County Dept of Public Health  
 Community Health Nursing  
 Assessment Program Coordinator  
 4041 N. Central, Suite 600  
 Phoenix, AZ 85012**