CCL.305
Rev. 12/2008

**Kansas Department of Health and Environment**
Child Care Licensing and Registration Program
1000 SW Jackson St., Suite 200
Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax: (785) 296-0803
Website: www.kdheks.gov/bcclr/index.html

## Immunization Report Form

Check One: _____ Registered Family Day Care Home _____ Licensed Day Care Home _____Group Day Care Home
_____ Child Care Center _____ Preschool _____ Head Start Center _____ School Age Center

Certificate/License Number:_____ Date:_____

Name of Facility (exactly as it appears on the certificate/license)_____

Address of Facility:_____
Street City Zip Code County

Please list the initials of children presently receiving care in this facility. Write the month, day and year (MM/DD/YYYY) of each immunization completed in each series in the box below. Please DO NOT place a check mark in the box.

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Initials | | | | | | | | | | | |
| | Date of Birth | | | | | | | | | | | |
| DTaP | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | 3 | | | | | | | | | | | |
| | 4 | | | | | | | | | | | |
| | 5 | | | | | | | | | | | |
| OPV/IPV | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | 3 | | | | | | | | | | | |
| | 4 | | | | | | | | | | | |
| MMR | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| HIB | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | 3 | | | | | | | | | | | |
| | 4 | | | | | | | | | | | |
| HBV | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | 3 | | | | | | | | | | | |
| VAR | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| PCV7 | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | 3 | | | | | | | | | | | |
| | 4 | | | | | | | | | | | |
| HEP A | 1 | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |