

## **INSTRUCTIONS for 2011 Immunization Report**

### **Section 1 -With Grey Box:**

1. Fill in the name of **childcare program, address, contact person, and phone number information.**
2. **Circle** the appropriate **category** of licensure
3. Answer the 2 questions in this section.

- Note:
- (3a) A “**yes**” answer to the **first question** means you continue to (3b).
  - (3a) A “**no**” answer to the **first question** means you do not have to go any further but you **must mail** completed **Section 1** to the address provided at the bottom of that page.
  - (3b) A “**yes**” answer to the **second question** means you do not have to go any further but you **must mail** Section 1 to the address at the bottom of that page.
  - (3b) A “**no**” answer to the **second question** means you need to provide the vaccination information for each child in your care (**except your own** children and children who have reached **kindergarten age** or are **enrolled in a public or private school**). Mail all sheets (Sections 1 & 2) to the address listed.

4. Fill in the name and address for any additional facilities that you are reporting for.

### **Section 2- Individual child record boxes: Don't forget the Birthdate of each child**

1. Write your name or the facility name on the top of each Immunization Line Listing sheet used.
2. Fill in the immunization information for each child in your care (**DO NOT include your own children or children who have reached kindergarten age** and are enrolled in a **public or private school**). Please remember to include the Birth Date of each child and the date of the immunizations. Make sure your recording of the dates of immunizations are accurate and not dated before the child was born. Make additional copies for Section 2 if you need more room.
3. Mail the report (Sections 1 & 2) to:

**DHHS - Immunization Program**  
**P.O. Box 95026**  
**Lincoln, NE 68509-5026**

**REFUSAL** = If a parent refuses to have their child immunized, or a medical professional states it is not appropriate for the child to be immunized, then a copy of a written parental statement or statement from the medical professional indicating the child should not be immunized **must be sent in** with your report.

**VARICELLA/CHICKENPOX** = If a child has **HAD the varicella (chickenpox) disease** then he/she will not need the varicella shot but you **must turn in** a varicella documentation form (enclosed) signed by the parent, guardian, and/or medical provider. In Section 2 you will not need to put a date in the VZV box, instead, just below, check the Varicella box that says a copy of verification is attached. Be sure to attach the signed, dated form stating the child had the disease.

*Please remember to have parents update immunization information each year.*

**DON'T FORGET TO KEEP A COPY OF THE COMPLETED FORMS FOR YOUR FILES!!!!**  
***Additional forms and information <http://www.hhs.state.ne.us/immunization/>***

**FAILURE TO COMPLY**  
**COULD RESULT IN A NONCOMPLIANCE BEING ISSUED TO YOUR PROGRAM**

Please call 402-471-6423 if you have any questions.