

SECTION 1

**2011 IMMUNIZATION REPORT
PROVIDER IDENTIFICATION SHEET**

Due by November 1, 2011

1. Child Care/Preschool Program

Name of Program: _____

Address: _____

City, State, Zip: _____ County: _____

Contact Person: _____ Phone Number: (____) _____

2. Program is licensed for:
(circle one)

Family Child Care Home I

Family Child Care Home II

Child Care Center

Preschool

3a. Are you caring for children at this time?

YES

NO

3b. Do you provide care for school age children only?

YES

NO

if YES, then you don't need to provide vaccination records – just mail in this sheet (Section 1)

if NO, then fill out vaccination record information for each child and mail in all sheets (Sections 1 & 2)

4. If are sending in reports for more than one facility, please list all the names and addresses of the programs below. Only one packet is sent to you. Please report for all facilities.

1. _____
2. _____
3. _____
4. _____

All Additional forms can be found at.....<http://www.hhs.state.ne.us/immunization/>

Please return all sheets to:

**DHHS - Immunization Program
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-6423**