SECTION 1

2016 IMMUNIZATION REPORT
PROVIDER IDENTIFICATION SHEET
Due by November 1, 2016

1. Child Care/Preschool Program Name **License Number**_____

Total Number of Children enrolled in your facility_____

Name of Program: _____

Address as licensed_____

City, State, Zip: _____ County: _____

Contact Person: _____ Phone Number: (_____)_____

2. Program is licensed for: *(check 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** (send in vaccination records) **NO (**return this page)

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 & Report

4. If you're sending in reports for more than one facility, please list all the names and addresses of the programs below:

1. _____

2. _____

3. _____

BE SURE TO IDENTIFY YOUR DAYCARE ON ANY ITEM FAXED, MAILED OR EMAILED

Please return to:

DHHS - Immunization Program
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-6423
(402) 471-6426 fax
Email: DHHS.Immunization@nebraska.gov