CCL. 305
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Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
Child Care Licensing Program
1000 SW Jackson Street, Suite 200
Topeka, KS 66612-1274
Phone: 785 296-1270 Fax: 785 296-0803
Website: www.kdheks.gov/kidsnet

Immunization Report Form

Check One: _____ Licensed Day Care Home _____Group Day Care Home _____ Child Care Center _____ Preschool _____ Head Start

License Number:_____ Name of Facility (exactly as it appears on the license)_____

Address of Facility:_____
Street City Zip Code County

Instructions: List the initials of children presently enrolled. Write the month, day and year (MM/DD/YYYY) of each immunization completed in each series in the boxes below. Please DO NOT simply place a check mark in the box; write the complete date.

	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											