



## Monthly Child Care Immunization Report

Name of Child Care Facility \_\_\_\_\_ Date (YYYY-MM-DD) \_\_\_\_\_

GIVEN, SURNAME	DATE OF BIRTH YYYY-MM-DD	PARENT/GUARDIAN	PHONE NUMBER	STATUS <input checked="" type="checkbox"/> CHECK ALL THAT APPLY
				<input type="checkbox"/> Admission* <input type="checkbox"/> Retirement <input type="checkbox"/> Immunization Update*
				<input type="checkbox"/> Admission* <input type="checkbox"/> Retirement <input type="checkbox"/> Immunization Update*
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				<input type="checkbox"/> Admission* <input type="checkbox"/> Retirement <input type="checkbox"/> Immunization Update*

\*Attach any immunization updates/records you have received this month.  
 Submit monthly via secure fax - 705.647.5779 or email to [childcarehealth@timiskaminghu.com](mailto:childcarehealth@timiskaminghu.com)