

Monthly Child Care Attendee – Immunization Report

Name of Child Care Facility _____ Date (YY/MM/DD) _____

CHILD'S FULL NAME	DATE OF BIRTH YY-MM-DD	PARENT/GUARDIAN	PHONE NUMBER	STATUS <input checked="" type="checkbox"/>	THU OFFICE USE ONLY
				<input type="checkbox"/> Admission* <input type="checkbox"/> Retirement <input type="checkbox"/> Immunization Update*	
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*Attach any immunization updates/records you have received this month.

Submit monthly via secure fax - 705.647.5779 or email to childcarehealth@timiskaminghu.com