

**Montana Department of Public Health & Human Services**  
**IMMUNIZATION STATUS REVIEW OF CHILDREN ATTENDING MONTANA**  
**LICENSED AND REGISTERED CHILDCARE FACILITIES**  
**WORKSHEET**

**Please Print or Type in the following information:**

Name of Childcare Facility/Provider	Name of Health Dept Reviewer	<b>Type of Facility</b> <input type="checkbox"/> Center <input type="checkbox"/> Family <input type="checkbox"/> Group
Address	Phone # of Health Dept Reviewer	
City	Email of Health Dept Reviewer	
County	Date Review Completed	PV#

Please review and document the immunization status of **each** child enrolled at the facility below:

SECTION 1: CHILD IMMUNIZATION STATUS					
Total Number of Children Enrolled	Number of Children in Compliance (UTD or a valid exemption or conditional attendance form on file)	Number of Children Missing Records (NO record on file)	Number of Children Conditionally Attending (Valid form on file)	Number of Children Exempt by Category	
				Medical (Valid form on file)	Religious (Valid form on file)

SECTION 2: STAFF IMMUNIZATION STATUS	
INCLUDE ALL STAFF WORKING WITHIN CHILDCARE FACILITY <small>including employees, volunteers, and/or any resident at the facility</small>	
Number of Childcare Staff in Facility	Number of Childcare Staff in Compliance <small>(Tdap and MMR)</small>

Needs Follow-up?    ☐ Yes    ☐ No

Follow-up Details:


**PURPOSE OF FORM:** This worksheet is to be used to help identify the immunization status of children enrolled in childcare facilities according to the Administrative Rules of Montana 37.95.140 (Immunizations) and to obtain additional immunization information. This worksheet is intended to assist on-site data collection prior to online data entry and does not need to be submitted to DPHHS.

Center Information
<input type="checkbox"/> Enter the complete name, address, and county name for the childcare facility being reported on. <input type="checkbox"/> Please check the type of facility you are reporting on (Center, Family, Group). <input type="checkbox"/> Enter your full name, phone number, and email in case we have questions and need to contact you. <input type="checkbox"/> Enter the date you completed the review. <input type="checkbox"/> Enter PV# if available.

Section 1. Child Immunization Status	
Total Number of Children Enrolled	Enter the number of children enrolled at the facility.
Number of Children in compliance	Enter the number of children who are fully UTD OR have a valid exemption or conditional attendance form on file.
Number of Children Missing Record	Enter the total number of children with NO record on file.
Number of Children Conditionally Attending	Enter the number of children with Conditional attendance. A child may initially conditionally attend a day care facility if: (a) the child has received at least one dose of each of the vaccines required for the child's age; (b) a form prescribed by the department documenting the child's conditional immunization status is on file at the day care facility and is attached to the department's Montana certificate of immunization (HES-101); and (c) the child is not past due for the next required dose (as noted on the conditional enrollment form) of the vaccine in question.
Number of Children Exempt by Category: 4a. Medical; 4b. Religious	Enter the number of children with a medical or religious exemption. A child is not required to have any immunizations which are medically contraindicated. A written and signed statement from a physician (licensed in the US or Canada) or APRN (licensed in MT) that an immunization otherwise required is medically contraindicated will exempt a child from those immunization requirements as deemed necessary by the physician. It is preferred, but not mandatory, that a physician's medical exemption be recorded on HES-101.  A claim of exemption on religious grounds for HIB must be notarized and maintained on an Affidavit of Exemption on Religious Grounds form (HES-113) provided by the department.

Section 2. Staff Immunization Status	
Number of Childcare Staff in Facility	Enter the total number of staff in the facility including all employees, volunteers, and/or any resident at the facility
Number of Childcare Worker Up-to-Date (Tdap and MMR)	Enter the number of childcare staff UTD with documentation of at least one dose of Tdap vaccine, and for all adults born in 1957 or after, one dose of MMR vaccine unless they have a medical contraindication to the vaccines or laboratory evidence of immunity to each of the three diseases.
Follow-Up	If facility is not 100% compliant, reviewer will initiate follow-up procedure outlined by the Immunization Program. Reviewer will state reasons for follow-up in the "Follow-up Details" section.