



# Immunization Requirement

TO: Medical provider

RE: Senate Bill #792 –Effective September 1, 2016, employees of licensed child care must be immunized against influenza, pertussis, and measles

Dear Medical Provider:

“This bill commencing September 1, 2016, would prohibit a person from being employed or volunteering at a childcare center or a family day care home if he or she has not been immunized against influenza, pertussis, and measles.”

To verify that your patient, our employee, has met these requirements, please provide the employee with one of the following, and/or you may complete the form below to expedite verification:

- A yellow immunization card signed/dated by a licensed physician indicating the date the employee received the immunization and when it will expire.
- Formal medical verification signed and dated by a licensed physician who waives immunization due to health issues.
- Formal medical verification signed and dated by a licensed physician that certifies that the employee has evidence of current immunity to measles, pertussis, and/or influenza.

**Medical Provider please complete below:**

Immunization Verification for (Employee Name):					Last4#SSN:
Medical Provider Name:		Signature:			Date:
Medical Facility Address:					
Vaccine	Type	Date Given (m/d/yy)	Administered By (clinic, doctor, etc....)	Next Dose Date	Exempted due to Health Issues <input checked="" type="checkbox"/>
Tetanus, diphtheria, pertussis					<input type="checkbox"/>
Measles, Mumps, Rubella (MMR, MMRV)					<input type="checkbox"/>
Influenza (yearly) (TIV, LAIV)					<input type="checkbox"/>
Comments:					
*Medical exemptions will be granted to those unable to be vaccinated due to health issues. Personal belief exemptions will be granted without medical verification for influenza only (see below).					

**For Influenza Vaccination ONLY**

Declaration by employee— I understand the information about the risks and benefits of the influenza vaccine, however, I declare that I have declined the influenza vaccination because of my personal beliefs and/or \_\_\_\_\_.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_