



# Human Resource Services

## Immunization Requirement

Date: \_\_\_\_\_

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 day care 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 that is signed and dated by a licensed physician that waives immunization due to health issues.

Formal medical verification that is 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:<br>V& ^            |
|--|------|---------------------|---|----------------|-------------------------------|
| 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 |
| Tetanus, diphtheria, pertussis                 |      |                     |   |                |                               |

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|-----------|--|--|--|--|--|
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| Comments: |  |  |  |  |  |

\*Medical exemptions will be granted to those unable to be vaccinated due to health issues.

|   |  |
|---|--|
| 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 _____.<br>Signature: _____ Date: _____ |  |
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