

Date:

Human Resource Services

Immunization Requirement

TO:	Medical prov	vider					
RE:	Senate Bill #792 –Effective September 1. 2016, employees of licensed child care must be immunized against influenza, pertussis, and measles						
Dear Me	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."							
and/or yo	A yellow imm immunization Formal medissues. Formal medievidence of	ete the form below to nunization card signon and when it will ex- ical verification that it ical verification that it current immunity to it	o expedite verificated/dated by a licen pire. s signed and dated signed and dated	sed physician indicating the da by a licensed physician that w by a licensed physician that c	ate the employer	ee received the ation due to health	
Medical Pr	rovider please	e complete below:				_	
Immunization Verification for (Employee Name):						Last4#SSN: V& ^	
Medical Provider Name:			Signature:			Date:	
Medical Fa	cility Address:						
Wicalcalla	iomity riadi 000.						
	ccine	Туре	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date	Exempted due to Health Issues	
	ccine						
Vac	ccine						
Vac	iphtheria,						
Tetanus, di pertussis	iphtheria,	Туре	(m/d/yy)		Date	Health Issues	
Tetanus, di pertussis Comments: *Medical ex	iphtheria, iphtheria, icx	be granted to those — I understand the i	(m/d/yy) unable to be vacci	doctor, etc)	Date iunabfC" %le*di c uenza vaccine,	Health Issues alW,em	