

Date:

Signature:

Human Resource Services

Immunization Requirement

L							<u>i</u>
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 M	ledical Provider:						
	ill commencing Septe mily day care home if						ı day care center
and/or	immunization and Formal medical ve issues. Formal medical ve	ne form below to ation card signe when it will exp erification that is erification that is nt immunity to m	expedite verifical ed/dated by a licer bire. It is signed and dated as signed as signe		ating the date the dician that waives i	employee mmunizat	received the tion due to health
	tion Verification for (I		2).				Last4#SSN:
	edical Provider Name: Signature:						I
Tetanus, opertussis Measles, Rubella (M MMRV)							
	(yearly) (TIV,						
Comment	S:						
	exemptions will be gr belief exemptions wil						
	·	-			·		
			- I d		,		
			<u>For Influenza V</u>	accination ONLY	•		

Date:

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 _