

Medical provider

Date:

TO:

## Human Resource Services

## Immunization Requirement

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:
						V& ^
Medical Pro	ovider Name:		Siç	ature:		Date:
Medical Facility Address:						
Vac	ccine	Туре	Date Given (m/d/vv)	Administered By (clinic, doctor, etc)	Next Dose Date	Exempted due to Health Issues
Tetanus, di		Туре	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date	Exempted due to Health Issues
		Туре				
Tetanus, di	phtheria,	Туре				
Tetanus, di pertussis	phtheria,		(m/d/yy)		Date	Health Issues
Tetanus, di pertussis  Comments  *Medical ex	iphtheria, : : : : : wemptions will	be granted to those  — I understand the	(m/d/yy) unable to be val	doctor, etc)	Date iunabfC"%சென்வ uenza vaccine,	Health Issues