

## Child Care Staff – Immunization Status Form

Staff Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

Vaccines	Childhood Series	Booster
Tetanus, Diphtheria (Td)	Yes    No	Date of Last Booster: _____ <small>(recommended every 10 years)</small> <span style="float: right;">YYYY/MM/DD</span>
Pertussis (Tdap)	Yes    No	Date of Adult Booster: _____ <small>(one adult lifetime booster dose recommended – given as Tdap vaccine)</small> <span style="float: right;">YYYY/MM/DD</span>
Polio	Yes    No	Adult boosters are not required
Hepatitis B	Dose #1: YYYY/MM/DD	Dose #2: YYYY/MM/DD      Dose #3: YYYY/MM/DD <small>(not required if given at school in grade 7)</small>
Measles, Mumps & Rubella (MMR)	Dose #1: YYYY/MM/DD	Dose #2: YYYY/MM/DD

**For those not immunized for Measles, Mumps and Rubella, but who believe they have had the diseases, serology (blood work) needs to be completed to confirm immunity to all three diseases:**

Measles serology      Result:    Immune      Not Immune

Mumps serology      Result:    Immune      Not Immune

Rubella serology      Result:    Immune      Not Immune

If serology indicates not immune to any of the three diseases, proceed with two doses of MMR Vaccine at least 4 weeks apart

Dose #1:    YYYY/MM/DD                      Dose #2:    YYYY/MM/DD

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Do you have a history of having had Chickenpox (Varicella):    Yes    No    If yes, nothing further required.

If you are not certain or do not have a history of having chickenpox, have serology (bloodwork) to determine immunity

Chickenpox (Varicella) serology Result:    Immune      Not Immune

If serology indicates not immune, proceed with two doses of Chickenpox (Varicella) Vaccine at least 6 weeks apart

Dose #1:    YYYY/MM/DD                      Dose #2:    YYYY/MM/DD