



Immunizations for Volunteers/Vacunas para Voluntarios

Dear Licensed Physician:

Commencing September 1, 2016 California State law requires that any person employed or who volunteers at a Preschool must be immunized against influenza, pertussis, and measles. In addition, all volunteers must have a recent negative TB test (within 1 year).

PLEASE PROVIDE THE FOLLOWING

MEASLES: Vaccination Date : _____ or Immunity to: Measles (licensed physician must provide written statement declaring that the person has evidence of current immunity) **Attach to this form**

PERTUSSIS: Vaccination Date : _____ or Immunity to: Pertussis (licensed physician must provide written statement declaring that the person has evidence of current immunity) **Attach to this form**

INFLUENZA: Vaccination Date : _____ (vaccination between August 1 and December 1 of each year)

or

Person provides a written declaration declining the influenza vaccination (ONLY applies to the influenza vaccination) **Attach to this form**

TUBERCULOSIS: Date TB test was read: _____ Result was: negative positive *If TB test was positive, date that chest x-ray was read: _____ Result was: negative positive*

EXEMPTIONS:

1. Must have a written statement from a licensed physician declaring that due to the person's physical condition or medical circumstances, immunization is not safe. **(attach to this form)**
2. Must have a written statement from a licensed physician that the person has evidence of current immunity to the diseases described above. **(attach to this form)**
3. The employee or volunteer submits a written declaration that he or she has declined the influenza vaccination. This ONLY applies to the influenza vaccination. **(attach to this form)**

**HAVE PATIENT RETURN THIS FORM AND ANY ATTACHMENTS TO:
THE EARLY LEARNING CENTER – 2345 E. PALMYRA, ORANGE, CA 92869**

PRINTED Patient Name: _____

Date of Birth: _____

DATE: _____

Physician's PRINTED Name

Physician's Signature

Office Stamp