

# Pre-Employment Immunization Form for Childcare Staff

All information on this form is collected and retained by employer.

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

Childcare: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## Required Immunizations

1) Tetanus, Diphtheria, Pertussis (Tdap) - *one adult dose followed by Tetanus, Diphtheria (Td) every 10 years*

Date (Tdap): \_\_\_\_\_ Date (Td): \_\_\_\_\_

2) Measles, Mumps, and Rubella (MMR) - *two doses required if born in 1970 or later. Adults born before 1970 can be considered immune.*

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Laboratory evidence of immunity to Measles, Mumps, and Rubella (bloodwork)

Laboratory evidence of immunity attached

## Recommended Immunizations

1) Varicella (chickenpox) – *two doses OR laboratory evidence of immunity (bloodwork)*

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory evidence of immunity attached

2) Hepatitis B – *two\* or three dose series OR laboratory evidence of immunity (bloodwork)*

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory evidence of immunity attached

3) Hepatitis A - *two or three\*\* dose series*

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

4) Pneumococcal Conjugate – *one dose if over 50 years of age*

Date: \_\_\_\_\_

5) Influenza (flu shot) - *annually*

## Additional Recommendations for Women of Childbearing Age

Laboratory evidence of immunity to:

- |   |   |
|---|---|
| <input type="checkbox"/> Cytomegalovirus (CMV)    | <input type="checkbox"/> Parvovirus B19 (Fifth disease) |
| <input type="checkbox"/> Rubella (German measles) | <input type="checkbox"/> Varicella (chickenpox)         |

**Exemption from Immunization:** *attach a valid Ministry of Education exemption form*

- |  |             |
|--|-------------|
| <input type="checkbox"/> Medical Exemption                           | Date: _____ |
| <input type="checkbox"/> Statement of Conscience or Religious Belief | Date: _____ |

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please note childcare staff may have received a two (2) dose series of Hepatitis B vaccine as part of a voluntary immunization program in school in Ontario.*

*\*\* Three dose series if given as a combined hepatitis A/B vaccine.*