

INFLUENZA IMMUNIZATION VERIFICATION/WAIVER FORM

HUMAN RESOURCES BRANCH

(SCCOE DOES NOT COVER THE COST OF IMMUNIZATIONS)

Please either submit proof of vaccination (yellow card, pharmacy receipt, etc.) or complete this form with your healthcare professional. You may also use this form to waive receiving the influenza vaccination.

All individuals who work in one of our Early Learning Centers (Head Start, State Preschool or Educare) are required to provide evidence of certain immunizations. This is a requirement by law to maintain or gain employment with any agency that operates a licensed childcare center.

Name (please print clearly): _____

Status: Employee Substitute Volunteer Contractor Other _____

Influenza (must be given or declined annually between August 1 and December 1):

Vaccine _____ Date: _____

There is a medical reason not to vaccinate the individual against influenza.

The individual has declined influenza vaccine per statement/signature as follows:

Statement: _____

Employee Signature (*if declining*): _____ Date: _____

Authorized Medical Provider Signature

Date

Printed Name of Authorized Medical Provider

License Number

() _____
Phone Number

Please check this box if a physician statement or vaccination record has been attached.