



FRANDELJA ENRICHMENT CENTER

EMPLOYEE IMMUNIZATION FORM

All adults employed or volunteering over the age of eighteen will be required to have MMR, TDAP, and Influenza immunizations or declination of Influenza Immunization in order to provide care and supervision to children in group care. All immunizations must be kept current to work in child care centers. You may offer an immunization record which shows the following information. However, we need proof that the immunizations required are up to date.

Today's Date: _____

YOUR INFORMATION:

Name: _____ Title/Department: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

REQUIRED ADULT IMMUNIZATIONS

CURRENT PERTUSSIS IMMUNIZATION - *Required*

Must show documentation of one of the following criteria (select the option and include the date of the immunization).

- | | | |
|---|--------------------|-------------|
| A. TDaP Immunization | Select Criteria A: | Date: _____ |
| B. 10 year/Td (Pertussis) Booster | Select Criteria B: | Date: _____ |
| C. Serologic Test (Titer Test) for Tetanus, Diphtheria, Pertussis | Select Criteria C: | Date: _____ |

MEASLES, MUMPS, RUBELLA (MMR) - *Required*

Must show documentation of one of the following criteria:

- | | | |
|---|--------------------|-------------|
| A. One dose of measles vaccine (or MMR) | Select Criteria A: | Date: _____ |
| B. Serologic Test (Titer Test) for Measles, Mumps and Rubella | Select Criteria B: | Date: _____ |

TB TEST - *Required*

Please provide the following information.

Date of T.B. Test: _____ Positive: _____ Negative: _____

Action Taken (if positive): _____

Influenza/Flu Immunization - Required

Must show documentation of option A or sign the waiver provided annually.

- | | | |
|--|--------------------|-------------|
| A. One dose of influenza vaccine annually during the recommended flu season (September through February) | Select Criteria A: | Date: _____ |
| B. Sign Influenza Waiver below: | Select Criteria B: | Date: _____ |

INFLUENZA/FLU IMMUNIZATION WAIVER (REQUIRED FOR CRITERIA B LISTED ABOVE)

I understand the company recommendations on being vaccinated against influenza and choose to decline the influenza vaccination for this year.

I further understand that this waiver must be renewed every year.

Employee's Printed Name: _____

Employee's Signature: _____ **Date:** _____

COVID-19 - Optional

Please answer the following:

Have you received the COVID-19 Vaccine? Yes No

If yes, please provide the date of your most recent vaccination/booster: Date: _____

Where to go if you need to pay for your immunizations at low cost:

The San Francisco Public Health Department can offer the TDAP and MMR to anyone age 19 and older who is either uninsured or underinsured (meaning their insurance does not cover vaccinations) for free or at a reduced cost.

Call 1-415-554-2625 OR visit their website at: <https://www.sfcdcp.org/aitc/aitc-regular-prices-low-cost-or-free-vaccines/low-cost-or-free-vaccines-at-aitc/>

- COVID-19 Vaccine (Moderna)
- Influenza (Flu) Vaccine (Injectable)
- Measles, Mumps, Rubella Vaccine (MMR-II)
- Tetanus, Diphtheria, Pertussis Vaccine (Boostrix)
- Varicella (chickenpox) Vaccine (Varivax)
- Pneumococcal 20 (Pevnar)