

Pre-Employment Immunization Form for Child Care Staff

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



Name: _____ Date of birth: _____

Child care centre: _____ Date of hire: _____

Immunizations required for child care employment

1. Tetanus, Diphtheria, Pertussis (Tdap)

- Free of charge at Wellington-Dufferin-Guelph Public Health or your healthcare provider.
- Tetanus and Diphtheria (Td) must be repeated every 10 years.

Date (Tdap)

Date (Td)

2. Measles, Mumps and Rubella (MMR)

Option 1: MMR vaccine

- 2 doses required if born in 1970 or later. Adults born before 1970 are considered immune (protected).
- Free of charge at Wellington-Dufferin-Guelph Public Health.

Date (MMR)

Date (MMR)

Option 2: Laboratory proof of immunity

- See your healthcare provider for proof of immunity.

☐ Laboratory proof of immunity attached

3. Varicella (chickenpox)

For adults over 50 years old, option 2 or 3 is required.

Option 1: Varicella vaccine

Date (Varicella)

Date (Varicella)

Option 2: Self-reported history of chickenpox infection

☐ Self-reported history

Option 3: Laboratory proof of immunity

- See your healthcare provider for proof of immunity.

☐ Laboratory proof of immunity attached

Continued →

4. Hepatitis B

Option 1: Hepatitis B vaccine

- 3 doses required.

Date (Hep B)

Date (Hep B)

Date (Hep B)**Option 2: Twinrix vaccine (Hepatitis A & B)**

- 3 doses required.

Date (Twinrix)

Date (Twinrix)

Date (Twinrix)**Option 3: Laboratory proof of immunity**

- See your healthcare provider for proof of immunity.

☐ Laboratory proof of immunity attached**Option 4: Hepatitis B vaccine offered in Grade 7**

- Voluntary free 2 dose series, starting in 1994.

☐ Received immunization in Grade 7

Strongly recommended immunizations

1. Hepatitis A

Option 1: Hepatitis A vaccine

- 2 doses required.

Date (Hep A)

Date (Hep A)**Option 2: Twinrix vaccine (Hepatitis A & B)**

- 3 doses required.

Date (Twinrix)

Date (Twinrix)

Date (Twinrix)

2. Influenza (flu shot)

- Repeated annually.
- Free of charge.

Date (Influenza)

Women of childbearing age are strongly encouraged to see their healthcare provider to determine if they have laboratory proof of immunity for:

☐ Cytomegalovirus (CMV)☐ Parvovirus B19 (Fifth disease)

Exemption from Immunization

Copy of valid Ministry of Education exemption form must be attached.

☐ Medical Exemption

Date: _____

☐ Statement of Conscience or Religious Belief
• Must be signed by a Commissioner of Oaths

Date: _____

Staff Signature

Date