

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

Possible costs associated and subject to change.

1. Tetanus, Diphtheria, Pertussis (Tdap)

- 1 dose of Tdap as an adult, then 1 dose of Td 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

- 2 doses required.

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

- 2-3 doses (dependent on the series)

_____ Date (Hep B)

_____ Date (Hep B)

_____ Date (Hep B)

Option 2: Twinrix vaccine (Hepatitis A & B)

- 2-3 doses (dependent on the series)

_____ 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)

- 2-3 doses (dependent on the series)

_____ Date (Twinrix)

_____ Date (Twinrix)

_____ Date (Twinrix)

2. Influenza (flu shot)

- Repeated annually

_____ Date (Influenza)

3. COVID-19

- Primary series and additional doses as recommended

_____ Date (COVID-19)

_____ Date (COVID-19)

Women of childbearing age are strongly encouraged to check with their healthcare provider for 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 signed by a Commissioner of Oaths

Date: _____

Staff Signature

Date