



REQUIRED IMMUNIZATIONS FOR RHODE ISLAND CHILD CARE WORKERS



CHILD CARE WORKER:

COMPLETE SECTION A & B.

A. PERSONAL INFORMATION						
Last Name		First Name		MI	Date of Birth ____/____/____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address	Apt. #	City		State	Zip	Phone (____)____-____
B. EMPLOYMENT						
<input type="checkbox"/> Child Care CENTER Worker		<input type="checkbox"/> Family Child Care Home PROVIDER		<input type="checkbox"/> Family Child Care ASSISTANT or EA		

PHYSICIAN OR HEALTH CARE PROVIDER:

COMPLETE SECTION C OR D AS APPLICABLE.

C. EVIDENCE OF IMMUNITY <i>(for new hires)</i>			
Illnesses	Vaccination	Dose #1	Dose #2 <i>(as required)</i>
Tetanus, diphtheria, pertussis	Tdap	____/____/____	
Measles, mumps, rubella	MMR	____/____/____	____/____/____
Varicella – chicken pox	Varicella	____/____/____	____/____/____
Influenza	Flu Vaccine* (as of 8.1.15)	____/____/____	

D. ANNUAL INFLUENZA IMMUNIZATION RECORD*		
<i>(for Child Care Workers with original Evidence of Immunity on record)</i>		
<i>*"Annual influenza vaccination, administered between July 1 and December 31 of each year, is required for all child care workers." (Department of Health: R23-1-IMM; 6.1.4)</i>		
Illnesses	Vaccination	Date of Vaccination
Influenza	Flu Vaccine	____/____/____

Additional Comments from Physician or Health Care Provider:

Physician or Health Care Provider (print) Physician or Health Care Provider (sign) Date