



Volunteer Immunization Record

LIC# 410509589

Child's Name: _____

Parent's Name: _____

To comply with Child Care Licensing Regulations and school requirements, the following immunizations need to be met in order to volunteer in your child's classroom or participate in school activities (Easter Egg Hunt, Harvest Carnival, Thanksgiving Lunch etc.) or field trips. **Please provide the necessary paperwork**, which verifies the following:

	Date
1. TB Clearance (TB Skin Test, quantiferon-TB, or chest X-ray. Please check with your doctor)	_____
2. Pertussis Vaccine (part of Tdap)	_____
3. Measles (part of MMR)	_____
4. Influenza	_____
5. COVID Vaccine	_____

Lists of Exemptions from Immunizations:

- Medical Exemptions (Physician)
- Proof of Immunity (Physician)
- Written statement declining the influenza vaccine. This only applies to flu vaccine.

Received by: _____

Date: _____

(Preschool Staff Signature)