

## Child Care Staff and Volunteer Pre-Employment Immunization Form

Please complete this form and return it to your employer with a copy of your immunization record.

All staff and volunteer immunization records should be up to date as per the Publicly Funded Immunization Schedules for Ontario.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

REQUIRED IMMUNIZATIONS	NOTES
<b>TETANUS/DIPHTHERIA/PERTUSSIS</b>	Pertussis vaccination (Tdap) is considered a priority for those in close contact with infants, ideally administered at least 2 weeks before contact.
Tdap Booster:  Date (YYYY/MM/DD) _____  Td Booster:  Date (YYYY/MM/DD) _____	After a Tetanus, Diphtheria, and Pertussis booster (Tdap) at age 14-16, an additional Tdap is required in adulthood (>18) ten years after the previous dose. Following an adulthood dose of Tdap a booster of Tetanus and Diphtheria (Td) is required every 10 years for life.  Adults in regular contact with infants, who have not previously received Tdap in adulthood (>18), should be immunized regardless of the interval since their last dose of tetanus or diphtheria containing vaccine.  Adults are responsible for ensuring that these boosters remain up to date after commencement of employment.
<b>MENINGOCOCCAL</b>	Child care workers should receive all immunizations routinely recommended for adults in Ontario.
Meningococcal Conjugate C (Men-C-C):  Date (YYYY/MM/DD) _____  Meningococcal Conjugate ACYW-135 (Men-C-ACYW-135):  Date (YYYY/MM/DD) _____	Adults born <u>between 1986 and 1996</u> should have or receive one dose of Meningococcal Conjugate C (Men-C-C).  Adults born <u>in or after 1997</u> should have received both Men-C-C and Meningococcal Conjugate ACYW-135.  Meningococcal immunization schedules may vary depending on age. If missing one or both meningococcal immunizations, call the KFL&A Public Health Immunization Team. *

<b>POLIOMYELITIS (IPV)</b>	Child care workers should receive all immunizations routinely recommended for adults in Ontario.
Dose #1: Date (YYYY/MM/DD) _____ Dose #2: Date (YYYY/MM/DD) _____ Dose #3: Date (YYYY/MM/DD) _____ Dose #4: Date (YYYY/MM/DD) _____ <i>(if applicable)</i> Dose #5: Date (YYYY/MM/DD) _____ <i>(if applicable)</i>	<p>Three to five doses of polio containing vaccine are required in childhood, depending on the age when received.</p> <p>Adults who did not receive immunization against polio in childhood, should receive two doses of IPV-containing vaccine given 4 to 8 weeks apart, followed by a third dose 6 to 12 months after the second dose.</p>
<b>MEASLES/MUMPS/RUBELLA (MMR)</b>	<b>NOTE TO PROVIDERS:</b> MMR and Varicella are live vaccines and must be given on the same day or at least 28 days apart. Pregnant women should not be given a live vaccine and pregnancy should be avoided until one month after immunization.
Dose #1 Date (YYYY/MM/DD) _____ AND/OR Dose #2 Date (YYYY/MM/DD) _____  OR  Titre Result: (YYYY/MM/DD) _____ <input type="checkbox"/> Reactive/Immune (+) <input type="checkbox"/> Non-reactive (non-immune) (-)	<p>Individuals born <u>before 1970</u> are considered immune and no immunization is required.</p> <p>Adults born <u>in or after 1970</u> require one dose of MMR or laboratory evidence of immunity.</p>

RECOMMENDED IMMUNIZATIONS	NOTES
<b>VARICELLA (CHICKENPOX)</b>	Not a publicly funded vaccine for adults. Varicella outbreaks can occur in child care settings where there are unimmunized children
Date of disease: (YYYY/MM/DD) _____  OR  Titre Result: (YYYY/MM/DD) _____ <input type="checkbox"/> Reactive/Immune (+) <input type="checkbox"/> Non-reactive (non-immune) (-)  OR  Dose #1 Date (YYYY/MM/DD) _____  Dose #2 Date (YYYY/MM/DD) _____	A self-reported history of chickenpox disease is considered reliable. If you are unsure if you have had the chickenpox disease, talk to your healthcare provider about doing a blood test, or being immunized.  It is recommended that adults, who have not had chickenpox disease after one year of age, receive two doses of Varicella vaccine given at least 6 weeks apart.
<b>INFLUENZA (FLU)</b>	Influenza immunization is recommended for healthy adults in close contact with children less than 5 years of age or other high-risk individuals.
Date (YYYY/MM/DD) _____	An annual influenza immunization is recommended every year in the fall for healthy individuals $\geq$ 6 months old.
<b>COVID-19</b>	COVID-19 immunization is recommended for everyone.
Dose #1 Date (YYYY/MM/DD) _____  Dose #2 Date (YYYY/MM/DD) _____  Booster Dose(s) Date (YYYY/MM/DD) _____	Adults $\geq$ 18 years of age should complete an approved primary immunization series for COVID 19 and receive appropriate booster doses as per the Ministry of Health recommendations and eligibility.

**Employee/Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*For more information call the KFL&A Public Health Immunization Team at 613-549-1232