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: ☐Female ☐ Male	
Street Address	Apt. #	City	State	Zip	Phone (___)___-____
B. EMPLOYMENT					
☐ Child Care ***CENTER*** Worker	☐ ***Family*** Child Care Home ***PROVIDER***	☐ ***Family*** Child Care ***ASSISTANT or EA***			

PHYSICIAN OR HEALTH CARE PROVIDER:

*COMPLETE SECTION C **OR** D AS APPLICABLE.*

C. EVIDENCE OF IMMUNITY *(for new hires)*			
Illnesses	**Vaccination**	**Dose #1**	**Dose #2** *(as required)*
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* *(for Child Care Workers with original Evidence of Immunity on record)* **"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)*		
Illnesses	**Vaccination**	**Date of Vaccination**
Influenza	Flu Vaccine	____/____/____

Additional Comments from Physician or Health Care Provider:

_____

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_____ Physician or Health Care Provider (print)

_____ Physician or Health Care Provider (sign)

_____ Date

2..2020