

# Pre-Employment Immunization Form for Childcare Staff

All information on this form is collected and retained by the employer.

Attach any records of immunizations or copies of laboratory results of immunity (bloodwork) received.

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

Childcare: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## Required Immunizations

1. **Tetanus, Diphtheria, Pertussis (Tdap)** – one adult dose followed by Tetanus, Diphtheria (Td) every 10 years (last Tdap within 10 years) Date (Tdap): \_\_\_\_\_ Date (Td): \_\_\_\_\_
2. **Measles, Mumps, Rubella (MMR)** – Adults born before 1970 can be considered immune. One dose required if born from 1970 to 1996. If born after 1996, 2 doses are required **OR** laboratory evidence of immunity.  
Date: \_\_\_\_\_ Date: \_\_\_\_\_  Laboratory evidence of immunity

## Other Immunizations Recommended for Consideration

1. **Varicella (chickenpox)** – two doses **OR** laboratory evidence of immunity (bloodwork) **OR** staff with a history of medically diagnosed chickenpox are considered immune. Date: \_\_\_\_\_ Date: \_\_\_\_\_
2. **Hepatitis B** – two or three dose series depending on age and vaccine **OR** laboratory evidence of immunity  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_
3. **Hepatitis A** – two or three dose series depending on age and vaccine **OR** laboratory evidence of immunity  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_
4. **Pneumococcal Conjugate** – one dose if over 50 years of age Date: \_\_\_\_\_
5. **Influenza (flu)** – annually, especially for those who care for children under 5 years of age

Staff may have received a two (2) dose series of Hepatitis B vaccine as part of a voluntary immunization program in school in Ontario. A three dose series of combined hepatitis A and B vaccine is also available.

**Some vaccines may require purchasing except for flu which is free in Ontario**

## Additional Recommendations for Women of Childbearing Age

Laboratory evidence of immunity to:

Cytomegalovirus (CMV)  Parvovirus B19 (Fifth disease)  Rubella (German measles)  Varicella (chicken pox)

## Exemption from Immunization

Attach a valid Ministry of Education exemption form (click on link to the form)

- [Statement of Conscience or Religious Belief](#) – must be signed by a Commissioner for Taking Affidavits.
- [Statement of Medical Exemption](#) – must be signed by a healthcare provider

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_