Child Development Center Laboratory Immunization Requirements

Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEMENT OF CONFIDENTIALITY

 During the semester, candidates will have various opportunities to develop competencies in all areas of an early childhood educational program. Through conversations with staff and children, planning with instructional staff, involvement with the assessment process of children, contact with parents, and other activities, students must ensure that all information about children, their families, and staff are handled in a confidential way, if violated the matter will be referred to the Division Dean.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the Statement of Confidentiality and agree to ensure all information will be safeguarded at all times. Under no circumstances will children’s, families’, or teaching staff’s first or last names be used in any papers, reports, in class discussions, or presentations.

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

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

STATEMENT OF GOOD HEALTH
This is to certify that I am in good health and am able to work with young children without any restrictions.

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

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

*In order to begin your lab assignments, you must return this form*

 *to the Child Development Center front desk\* STAPLED with the following:*

 Measles Immunity\*\* (2 MMR vaccinations, or a positive titer for Measles)

 Tdap for Pertussis Immunity\*\* (immunization must be after the age of 11)

 Flu Immunity (you may choose to fill out the declination on the back side of this form)

 **TB Clearance (within 1 year of the last day of the semester -** *if you have ever received a positive result, you must submit a clear chest x-ray within 5 years with a yearly reevaluation.***)**

\*If your lab placement is at an off-campus site, please submit to the off-campus site.

\*\*Only a physician can decline for Measles and Tdap due to “physical condition or medical circumstances.” Personal exemptions are no longer accepted even if signed by a doctor.

The Student Health Center (Administration Building, A111) on campus offers immunizations & titer tests. (805) 378-1413

**INFLUENZA VACCINATION WRITTEN DECLINATION FORM**

**I DO NOT WANT A FLU SHOT.**

I acknowledge that I am aware of the following facts:

* Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
* Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
* Some people with influenza have no symptoms, increasing the risk of transmission to others.
* Influenza virus changes often, making annual vaccination necessary. In California, influenza usually begins circulating in early January and continues through February or March.
* I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
* I have declined to receive the influenza vaccine. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all in order to prevent infection from and transmission of influenza and its complications, including death, to children, fellow students, my family, and my community.

***Knowing these facts, I choose to decline vaccination at this time.*** I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

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

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