Please check this box if a physician statement or vaccination record has been attached.
WOD Department
Revised 1/17/19 djh
INFLUENZA IMMUNIZATION VERIFICATION/WAIVER FORM
HUMAN RESOURCES BRANCH
(SCCOE DOES NOT COVER THE COST OF IMMUNIZATIONS)
Please either submit proof of vaccination (yellow card, pharmacy receipt, etc.) or complete this form
with your healthcare professional. You may also use this form to waive receiving the influenza
vaccination.
All individuals who work in one of our Early Learning Centers (Head Start, State Preschool or Educare)
are required to provide evidence of certain immunizations. This is a requirement by law to maintain or
gain employment with any agency that operates a licensed childcare center.
Name (please print clearly): ____
Status: Employee Substitute Volunteer Contractor Other ___________
Influenza (must be given or declined annually between August 1 and December 1):
Vaccine __________________________ Date: ________________
There is a medical reason not to vaccinate the individual against influenza.
The individual has declined influenza vaccine per statem(v)-4.0c-2.98 (p)2.981,a5y98 (_)8.5he fto 2 (cto)4 Tf.4 (2 (ate)-2.02 ( )9.04 c6)5 (s)-2.0ppls__.04 (1)-2.98 (6.93 (6.93 (5.964.0c-2.98 (p)2.981)3.07 (,a5y98 (_)54ov)9.04 c6)5 (s)2.981)3.07 (,a54 43.59 Td

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.0pp)2 Mi-.46 TD
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