

Child Care Vaccination Assessment Form - Staff

Initial Assessment

Updated Information

| | | | | | | | |
|--|--|---|---------------------------|--|--|--------------------------------|-------|
| First Name | | Last Name: | | Previous Last Name: | | Date of Birth | |
| Home Address (Street number, Name & direction / RR# / PO Box number) | | | | City | | Province | |
| Postal Code | | Home Phone Number | | Work Phone Number | | Cell Number | Other |
| Health Card Number | | | Name of Child Care Centre | | | Start Date | |
| Role at the Child Care Center: | | | | | | | |
| <input type="checkbox"/> Paid employee | | <input type="checkbox"/> Volunteer (parent and other) | | <input type="checkbox"/> Reside at the home childcare location | | <input type="checkbox"/> Other | |

The Child Care and Early Years Act, 2014, Reg 137/15, requires childcare operators to ensure that all staff and volunteers in a childcare facility are fully immunized as recommended by the local Medical Officer of Health. Completed registration forms will be assessed within 5 business days of submission to the Health Unit.

A copy of your vaccination record and/or applicable blood work results must accompany this form or it will not be processed. Once the assessment is complete, the childcare centre will be notified.

The following vaccinations are **required** for persons working/volunteering with children in a childcare setting:

| Vaccine | Vaccine Requirements |
|--|--|
| Tetanus, Diphtheria, Pertussis (Tdap) | <ul style="list-style-type: none"> One adult dose given 10 years after the adolescent booster (usually age 24-26) |
| Tetanus Diphtheria (Td) | <ul style="list-style-type: none"> A booster dose every 10 years after the adult dose of Tetanus, Diphtheria, Pertussis |
| Measles, Mumps & Rubella (MMR) | <ul style="list-style-type: none"> Adults born before 1970 - consider immune, no vaccination required Adults born in or after 1970 - at least 1 dose, (2 doses recommended) Lab work to confirm immunity is required if unable to confirm vaccine dates or clinical documentation of illness is not available. If immune, no vaccine is required. |
| Chickenpox (Varicella) | <ul style="list-style-type: none"> 2 doses Lab work to confirm immunity is required if unable to confirm vaccine dates or clinical documentation of illness is not available. If immune, no vaccine is required. |

The following additional vaccinations are recommended: **Hepatitis A, Hepatitis B, Meningococcal and annual Influenza.**

| | | |
|---|---|--|
| For Health Unit Use Only | | |
| Immunizations Status of Employee / Volunteer / Provider: | | |
| <input type="checkbox"/> Immunizations up to date | <input type="checkbox"/> Immunizations not up to date | <input type="checkbox"/> Appropriate documentation on file |
| Signature of Nurse assessing information | | |
| Date of assessment | | |

See reverse

Exemptions from Required Vaccinations:

In some instances, individuals may have a medical reason why they are unable to receive the required immunizations. In this case, a Medical Exemption form must be completed and signed by the employee / volunteer's health care provider. The Medical Exemption form is available at: [Government form repository for medical exemption form](#)

Employees / volunteers who object to receiving the required immunizations must complete a Statement of Conscience or Religious Belief Affidavit. The Statement of Conscience or Religious Belief Affidavit is available at: [Government form repository for Statement of Conscience or Religious Belief Affidavit](#)

In the event of an outbreak, an employee/volunteer with an exemption will not be permitted in the facility until the outbreak is declared over by the Health Unit.