

SB 795: Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis and measles (according to most CDC Adult Schedule (Adult Immunization Schedules and Tools for Providers/CDC). Each employee and volunteer shall receive an influenza vaccinations between August 1 and December 1 of each year.

- **Influenza vaccination** (Required Fall semester only)
  - **Date of influenza vaccine:** \_\_\_\_\_
  - Influenza vaccination between August 1 and December 1 of current year (unless person submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine) (Health and Safety Code 156.7995) See second page for written declaration.
  - Student submitted written declaration declining influenza vaccination.
  - A person is exempted if hired after December 1 of the previous year and before August 1 of the current year. This exemption applies only to the influenza vaccine during the first year of employment or volunteering. (Exemption applies to the Spring/Summer semesters of CDEC 164 Practicum).
- **Pertussis (Tdap) Date received vaccine:** \_\_\_\_\_. \*Every 10 years
- **MMR (Measles, Mumps, Rubella): Series of 2: Dates received \_\_\_\_\_ & \_\_\_\_\_ or Antibody Date:** \_\_\_\_\_
- **TB Test (within the last 2 years) Date of TB Test:** \_\_\_\_\_

For Pertussis and MMR:

- A person is exempt from the requirements of this section only under any of the following circumstances:
- 1. The person submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, immunization is not safe.
- Written statement from licensed physician for physical condition/medical circumstances/exemption for Pertussis and/or MMR.
- 2. The person submits a written statement from a licensed physician providing that the person has evidence of current immunity to the diseases described in subdivision (a)
- Written statement submitted from licensed physician/evidence of current immunity/exemption for Pertussis and/or MMR.

## Declination of Influenza Vaccination

My employer or affiliated child care center, \_\_\_\_\_, has recommended that I receive influenza vaccination to protect the children I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other child care workers/volunteers to protect this facility's children from influenza, its complications and death.
- If I contract influenza, I can spread the virus for 24 hours before influenza symptoms appear.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
  - All children in this facility
  - My co-workers
  - My family
  - My community

Despite these facts, I am choosing to decline the influenza vaccination right now for the following reasons:

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I understand that I can change my mind at any time and accept influenza vaccination, if the vaccine is still available.

I have read and fully understand the information on the declination form.

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

Name (print): \_\_\_\_\_