Niagara Region

Employment Immunization Status for Child Care

Provision of this document fulfills the **Child Care and Early Years Act** (ontario.ca/laws/statute/14c11) requirement for a health assessment for child care employees and contracted home child care providers (applies to partners, spouses, frequent visitors and adult children who **routinely interact** with the children in child care) working in Niagara.

This form is kept on file by the child care licensee. Niagara Region Public Health does not collect immunization records or this form.

Child Care Employee or Contracted Home Child Care Provider Information

First name: Last name:

Date of hire (mm/dd/yyyy): Facility name:

Directed Vaccinations by the Medical Officer of Health

1. **Hepatitis B- two* or three dose series** or laboratory evidence of immunity (bloodwork).** One dose of hepatitis B-containing vaccine at the start of employment, and the entire vaccine series completed within one year.

Date (mm/dd/yyyy): Date (mm/dd/yyyy): Date (mm/dd/yyyy):

☐ Copy of immunization record attached (e.g. yellow card, Immunization Connect printout)

*Individuals may have received a two (2) dose series of Hepatitis B vaccine as part of a voluntary immunization program in school in Ontario.

**Series can be given as a combined Hepatitis A/B vaccine.

OR

☐ Laboratory evidence of immunity attached

2. **Measles, mumps and Rubella (MMR) - one dose*** required for adults born in or after 1970**

Date (mm/dd/yyyy): Date (mm/dd/yyyy):

☐ Copy of immunization record attached (e.g. yellow card, Immunization Connect printout)

OR

☐ Born before 1970**** (adults born before 1970 are presumed to be immune)

OR

☐ Laboratory evidence of immunity attached

3. **Tetanus, Diphtheria, Pertussis (Tdap) - one dose of Tdap (18 years of age or older), then a booster of Td (Tetanus, Diphtheria) vaccine every 10 years.**

Date (mm/dd/yyyy): Date (mm/dd/yyyy):

☐ Copy of immunization record attached (e.g. yellow card, Immunization Connect printout)

4. **Varicella (chickenpox) - two doses or self-reported chickenpox infection or laboratory evidence of immunity (bloodwork).** One dose given at the start of employment, and the second dose completed within six months.

Date (mm/dd/yyyy): Date (mm/dd/yyyy):

☐ Copy of immunization record attached (e.g. yellow card, Immunization Connect printout)

OR

☐ Self-reported chickenpox infection

☐ Laboratory evidence of immunity attached

Recommended Vaccinations by the Medical Officer of Health

In addition to the above required vaccines, the Medical Officer of Health recommends child care employees and contracted home child care providers to:

- Receive their annual flu shot
- Receive their annual COVID-19 vaccination every fall (specific high-risk populations may be eligible for a spring dose as well)
- ***Receive two doses of measles-containing vaccine (one dose is required) if born in or after 1970
- ****Receive one dose of measles-containing vaccine if born before 1970 and can't recall having a measles infection

Exemption from Immunization

Attach a valid Ministry of Education exemption form

☐ **Statement of Medical Exemption** Date (mm/dd/yyyy):
forms.mgcs.gov.on.ca/dataset/010-3041

OR

☐ **Statement of Conscience or Religious Belief** Date (mm/dd/yyyy):
forms.mgcs.gov.on.ca/dataset/010-3042

Signature of Child Care Employee or Contracted Home Child Care Provider Completing this Form

Signature: Date (mm/dd/yyyy):