



בית ספר שלום • SHALOM SCHOOL

2320 SIERRA BOULEVARD • SACRAMENTO, CA 95825
916-485-4151 • FAX: 916-485-3970
shalomdove@shalomschool.org • www.shalomschool.org

PROOF OF IMMUNIZATION

Commencing September 1, 2016, SB792 prohibits a person from being employed or volunteering at a day care center if he or she has not been immunized against influenza, pertussis, and measles. This bill mandates proof of vaccination for measles, pertussis and an optional annual flu vaccine for all employees and volunteers.

All employees and volunteers who interact with students must submit proof of vaccination for measles and pertussis. In addition, licensing requires that all employees and volunteers must have a current TB test on file.

The influenza vaccine is not mandatory; however each employee or volunteer must sign the declination on the back if they do not wish to receive the yearly influenza vaccine. Each employee and volunteer shall receive the influenza vaccination and submit proof of vaccination between Aug. 1 and Dec. 1 of each year.

A person may be exempt from the requirements only under any of the following circumstances:

- He/She submits a written statement from a licensed physician declaring that because of a physical condition or medical circumstances, immunization is not safe.
- He/She submits a written statement from a licensed physician that he/she has evidence of current immunity to the diseases.
- He/She submits a written declaration declining the influenza vaccination. This exemption applies only to the influenza vaccine.

I have submitted proof of MEASLES (MMR) vaccination or immunity.

I have submitted proof of PERTUSSIS (Tdap) vaccination (must be within 10 years).

I have submitted a current TB test (initial clearance must be within the past 12 months and then every four years thereafter).

I have submitted proof of INFLUENZA vaccination (between Aug. 1 and Dec. 1 each year) OR I have declined the INFLUENZA vaccination and signed the declination on back.

I am unable to receive the vaccines due to medical circumstances and have submitted information from my physician.

Name (print): _____ Date: _____

Signature: _____

Declination of Influenza Vaccination

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 required to protect this facility's students and employees from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to students and employees of this facility.
- 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 the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- 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 those with whom I have contact.

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

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

____ I have read and fully understand the information on this declination form. I am refusing the influenza vaccine and have signed the declination below.

Name (print): _____ Date: _____

Signature: _____