

**REQUIRED VACCINATIONS**  
**EARLY CHILDHOOD EDUCATION SUBSTITUTES**  
 Complete the information below and submit to the  
 Early Childhood Education Program Office

NAME:	DATE:
EMPLOYEE ID:	

<b><u>PERTUSSIS</u></b>
Please Attach <b><i>One</i></b> of the Following- Please Circle Your Selection
A. A copy of an immunization record for pertussis
B. A <i>statement</i> from the substitute's physician that there is a medical reason not to vaccinate the substitute
C. A <i>statement</i> from the substitute's physician that the substitute is already immune to pertussis

<b><u>MEASLES</u></b>
Please Attach <b><i>One</i></b> of the Following- Please Circle Your Selection
A. A copy of an immunization record for measles
B. A <i>statement</i> from the substitute's physician that there is a medical reason not to vaccinate the substitute
C. A <i>statement</i> from the substitute's physician that the substitute is already immune to measles
D. Proof that the substitute was born before 1957 (according to the Advisory Council on Immunization Practices, " adults born before 1957 are generally considered immune to measles and mumps.")

<b><u>INFLUENZA</u></b>
Please Attach <b><i>One</i></b> of the Following- Please Circle Your Selection
A. A copy of an immunization record for influenza <b>dated 8/1/2017 - 12/1/2017</b>
B. A <i>statement</i> from the substitute's physician that there is a medical reason not to vaccinate the substitute
C. A <i>statement</i> from the substitute's physician that the substitute is already immune to influenza
D. A signed <i>statement</i> from substitute declining vaccination for influenza- Substitute <b><u>declining vaccination</u></b> please provide statement below:  _____

\_\_\_\_\_  
*Substitute Signature*

\_\_\_\_\_  
*Date*