



AMADOR COUNTY OFFICE OF EDUCATION
AMADOR COUNTY UNIFIED SCHOOL DISTRICT

David Vicari – Assistant Superintendent of Human Resources / Labor Relations
217 Rex Avenue, Jackson, CA 95642

CHILD CARE FACILITES ACT IMMUNIZATION INFORMATION
FOR EMPLOYEES AND VOLUNTEERS WORKING IN CHILD CARE POSITIONS

Name _____

Position/Classification _____ Location _____

- 1. I have attached the required immunization records for pertussis, influenza and measles.
- 2. I have attached the required immunization records for pertussis and measles and am declining the influenza vaccination. My immunization records and my declaration declining the influenza, per (B) (3) or (4) below, are attached.
- 3. I am claiming an exemption for the vaccination requirements and have provided the required documentation as stated in (B) (1) or (2) below.
- 4. I have the required immunizations and understand that I have thirty (30) days to provide the required documentation per (A) (2) below.

Signature _____ Date _____

Information verified by:

Name _____ Date _____

Job Title _____

For HR/Office use:

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California Child Care Facilities Act states that

(A)
(1) Commencing September 1, 2016, a person shall not be employed or volunteer at a day care facility of family day care home if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.

(2) If a person meets all other requirements for employment or volunteering, as applicable, but needs additional time to obtain and provide his or her immunization records, the person may be employed or volunteer conditionally for a maximum of 30 days upon signing and submitting a written statement attesting that he or she has been immunized as required.

(B):
A person is exempt from the requirements of this section only under any of the following circumstances:

(Check applicable exemption)

_____ (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.

_____ (2) The person submits a written statement by a licensed physician providing that the person has evidence of current immunity to the diseases described in subdivision (a).

_____ (3) The person submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine.

_____ (4) The person was 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.