**Growing in Grace Preschool**

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**IMMUNIZATION VERIFICATION FORM**

Due to a change in the existing law (SB792), all individuals who work or volunteer in early education settings are now required to provide proof of certain immunizations. You may use this document for authorized medical provider verification of immunizations or provide other documentation that meets the requirements.

**Name (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TB Skin Test:

Date Given: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Read: \_\_\_\_\_\_\_\_\_\_\_\_\_ Imm indur\_\_\_\_\_\_\_\_\_ Pos\_\_\_\_\_\_ Neg\_\_\_\_\_

Pertussis:

О Vaccine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

О There is evidence the individual is already immune against pertussis.

О There is medical reason not to vaccinate the individual against pertussis.

Measles:

О Vaccine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

О There is evidence the individual is already immune against measles.

О There is medical reason not to vaccinate the individual against measles.

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Authorized Medical Provider Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Medical Provider