

Immunization Record

Early Childhood Education Certificate

Complete this form and submit it to the Office of the Registrar by either email or fax.

Student's Full Legal Name	
UFV Student Number	Date

Part A: To be completed by the student upon admission to the ECE Certificate Program

I have read the general immunization information for child care workers and to the best of my knowledge my current immunization status is as indicated below, for the listed recommended immunizations:

(Check YES or NO for each immunizations listed)

IMMUNIZATION	YES	NO	UNKNOWN	NO BOOSTER REQUIRED
Hepatitis A				
Hepatitis B				
Influenza				
Measles (MMR) Mumps (MMR)				
Meningococcal				
Poliomyelitis (OPV/IPV)				
Pertussis				
Rubella (MMR)				
Tetanus & Diphtheria				Date of last booster, if known:
Varicella				

Medical certificate/record of vaccinations attached: Yes No

Student Signature: _____ **Date:** _____

Part B: To be completed by the practicum placement

Student immunization status for the above recommended immunizations is:

_____ Complete (student has all recommended immunizations)

Medical certificate is on file: Yes _____ No _____ Not available _____

_____ Incomplete (if incomplete or unknown immunization status) check all that apply

_____ student encouraged to obtain missing immunizations

_____ student has obtained missing immunizations or boosters and provided verification

_____ facility's policy regarding accommodating students who are not immunized or incompletely immunized was reviewed with this student

Reviewed by: _____ Date: _____