
VACCINATION CONSENT/ WAIVER FORM

In accordance with New York State Department of Health, Health & Safety Standards all providers delivering services, including agency employees, must demonstrate, in addition to the annual health statement and PPD, that s/he has the received the following recommended vaccines, or has documented refusal:

	<u>Date/s</u>	<u>Waiver</u>
• Hepatitis B vaccine	_____	_____
• Tetanus immunization (within the past 10 years)	_____	_____
• Diphtheria	_____	_____
• Pertussis (Whooping Cough)	_____	_____
• Varicella (chicken pox)	_____	_____
• Influenza (flu shot)	_____	_____

Waiver:

I, _____, (provider name) fully understand the importance of being vaccinated but choose not to do so at this time. I hold harmless Up Wee Grow, Inc and its clients.

Signature

Date

Consent:

I, _____ (provider name): circle one:

- choose to be vaccinated (must be vaccinated within 2 weeks) and will furnish proof;
- have previous proof of immunity;
- have medical contraindication and will furnish proof

I hold harmless Up Wee Grow, Inc and its clients:

Signature

Date
