

IMMUNIZATION RECORD REQUIREMENT

VOLU	UNTEER NAME	DATE
volunt Person record	der to ensure the health and safety of our students, nteers to have MMR, TDAP, and FLU vaccinations on all Health Statement. Please complete this form and if you plan to attend field trips, special events, be acting with our children is required to comply.	s on file as well as a Negative TB Test and and return with a copy of your immunization
	□ MMR	
		1.11.2
	o I, the undersigned, am physically fit an	d able to work with children.
Signat	ature	Date
ONE (E of the following records is on file:	
		•
If decl	clining, please sign below:	
flu this	e undersigned volunteer of IvyCrest Montessori Prinis year. I understand that each year I will be requieen August 1 and December 1, or sign a new decline	red to either submit proof of a vaccination
Signat	ature	Date