

Fall \_\_\_\_\_

Spring \_\_\_\_\_

# Rancho Santiago Community College District

## Child Development Lab Schools

### Vaccination Checklist and Statements Form

#### Personal Information

Name:		Cell Phone #:
Home Address:		Email Address:
City:	Zip Code:	Student Id #:
Emergency Contact Person:		Phone #:

#### Vaccinations and Immunizations checklist

<input type="checkbox"/> TB Test or Chest X-Ray or TB Assessment *results no more than 1 year prior	Date Administered:
<input type="checkbox"/> Tdap Vaccination (Pertussis)	Date Administered:
<input type="checkbox"/> Flu Vaccination or Declination Statement (below)	Date Administered:
<input type="checkbox"/> MMR Immunization (Measles, Mumps, Rubella)	Date Administered:
<input type="checkbox"/> <del>COVID Vaccination</del>	<del>Dates Administered:</del>

#### Statement of Good Health (sign below and print the date)

I, \_\_\_\_\_, can physically, mentally, and occupationally perform the duties assigned to me as a student volunteer/intern/observer in the lab school.

\_\_\_\_\_

Signature

\_\_\_\_\_

Current Date

#### Flu Vaccination Declination Statement (Optional)

I, \_\_\_\_\_, decline the Influenza vaccination.

\_\_\_\_\_

Signature

\_\_\_\_\_

Current Date

*In order to attach your proof of vaccinations, please get 1-2 blank sheets of paper and make a photo copy of your vaccines by placing your immunization card, COVID vaccination card, test results, etc. onto the sheet.*

*On each sheet you use, please place your student ID card in the left top corner. Store your originals somewhere safe, and be sure to make yourself a copy too!*