

CHILD DEVELOPMENT COURSE CLEARANCE CHECKLIST

For compliance with SB 792 ~ effective September 1, 2016

*** PLEASE PRINT ***

First Name: _____

Last Name: _____

Student ID Number: _____

Email: _____

Phone: _____

Date of Birth: _____

<u>Item to Clear</u>	<u>Date Cleared</u>	Consent to Release
TB – <i>date of clearance</i> _____ Considered up-to-date if cleared within past 6 months.		<input type="checkbox"/>
Tdap Vaccine – <i>date of administration:</i> _____ Considered up-to-date if received within past 10 years.		<input type="checkbox"/>
Influenza (Flu) Vaccine – <i>date of administration:</i> _____ Vaccine is mandatory for individuals working with infants; optional for all others.		<input type="checkbox"/>
MMR (Measles, Mumps, Rubella) – <i>dates of administration or positive titers:</i> _____ Proof of <u>two</u> MMR vaccines or positive titers required.		<input type="checkbox"/>

~ Medical Office Stamp ~

Signature

Date

With this signature I consent to the release of the medical records indicated above to Riverside Community College District. I certify that my consent for disclosure of this information is entirely voluntary.

Cleared by: _____

Signature: _____ MD/FNP/RN

Date: _____