

FLU VACCINE

Dear Parents,

The State of Connecticut Health Department made the influenza vaccine a requirement for children ages six (6) months to five (5) years who attend licensed child care centers.

The program must receive a signed/dated statement from your child's primary care provider/clinic indicating that your child has received this year's flu vaccine (bottom portion of page) or a signed/dated medical statement indicating that the child has a medical reason for not receiving the flu shot. If you choose not to vaccinate against the flu this year, please provide our center with a notarized exemption form.

If your child is scheduled for the influenza (flu) immunization after December 31, 2018, please provide our center with a note from the health care provider.

Children who have not received the flu vaccination by December 31st must be excluded from our Center(s) until they receive at least one dose of the flu vaccination or provide documentation of medical or religious exemption (Ask the center for exemption form).

Your Child, _____, **should not** report to school on January 1, 2019 without evidence of the flu vaccine or proper exemption.

Return bottom portion



CHILD'S

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

This is to certify that I administered the above named child the influenza vaccine.

Date of Vaccination: _____

Physician's Name: _____ Phone Number: _____

Please Print

Address: _____ State: _____ Zip: _____

Signature of Physician*: x _____

**This statement may be signed by a licensed physician, advanced practice registered nurse or physician assistant.*