



# Day Care Center Employee Immunization Check List



\_\_\_\_\_  
Date of Assessment

**Td: Tetanus Diphtheria, Tdap: Tetanus, Diphtheria, Pertussis**  
**MMR: Measles, Mumps, Rubella**

\_\_\_\_\_  
Name of Day Care Facility

\_\_\_\_\_  
Operator's Name

\_\_\_\_\_  
Address & Phone Number

Employee Name (include middle initial)	Td	Tdap	MMR	Notes
Employee Name (include middle initial)	Td	Tdap	MMR	Notes
Employee Name (include middle initial)	Td	Tdap	MMR	Notes
Employee Name (include middle initial)	Td	Tdap	MMR	Notes
Employee Name (include middle initial)	Td	Tdap	MMR	Notes