



AIR FORCE FAMILY CHILD CARE (FCC) HOUSEHOLD MEMBER'S - AGES 18 AND UP IMMUNIZATIONS

In accordance with Air Force Instruction (AFI) 34-276, *Family Child Care Programs*:

Paragraph 2.33.2 requires, "Ensure Family Child Care (FCC) program staff, FCC providers and their household members, and children using FCC homes have the immunizations required by Air Force Joint Instruction (AFJI) 48-110, Immunizations and Chemoprophylaxis."

Paragraph A5.32.1 requires, "The need for tuberculosis skin testing should be established in accordance with AFI 48-115, The Tuberculosis Detection and Control Program, 3. Program Elements." (Note: AFI 48-105, Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance supersedes AFI 48-115.)

In lieu of completing this form, providers may furnish a copy of their household member's immunization records documenting all required immunizations.

IMMUNIZATIONS	DATE DD MMM YY	DATE DD MMM YY	DATE DD MMM YY
Documented Tuberculosis (TB) Skin Test There is no requirement to periodically retest those with negative TB unless it's clinically indicated (retest those with signs/symptoms) or required by the state or local health department. <input type="checkbox"/> REQUIRED ANNUALLY <input type="checkbox"/> NOT REQUIRED ANNUALLY			
Measles, Mumps, and Rubella (MMR) For Rubella, immunity is based only on documentation of immunization or laboratory evidence of immunity. <input type="checkbox"/> VACCINE <input type="checkbox"/> IMMUNITY*			
Diphtheria, Pertussis, and Tetanus (DPT/DTaP) (Td)			
Polio (IPV or OPV)			
Varicella <input type="checkbox"/> VACCINE <input type="checkbox"/> IMMUNITY* HAD CHICKEN POX			
Hepatitis B (Hep B) – 3 series			
Hepatitis A (Hep A) – 2 series <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED			
Annual Influenza (Flu)			

_____ has been immunized or certified immune for the above immunizations.

Provider's Signature _____

Date _____

***Immunity defined as "already immune" is based on documented receipt of vaccine series or physician-diagnosed illness or medically administratively exempt.**