



**ONTARIO-MONTCLAIR SCHOOL DISTRICT
VOLUNTEER VACCINATION REQUIREMENTS**

Preschool/Child Development Office
1556 S. Sultana Ave Ontario, CA 91761
Telephone: (909) 418-6898 ♦ FAX: (909) 459-2877



Student's Name: _____

School: _____

Dear Parent/Guardian:

Since parent/volunteer participation is a major part of our preschool program, we require parents of preschool pupils to receive a tuberculin test (Code of Regulations, Title 22, Section 101216).

California Law (SB-792) became effective September 1, 2016 and requires all volunteers at day care centers, including preschools such as Ontario-Montclair School District, provide proof of vaccination against **measles (MMR), pertussis (Tdap), and influenza (flu)**.

Please take this form to your family physician or:

Department of Public Health Ontario Clinic
150 E. Holt Blvd. Ontario, CA 91761
For information, call 1-800-722-4777

Name of Parent/Guardian or Volunteer

Date T.B. Skin Test Given: _____ Date Read: _____ () Negative () Positive

X-Ray Date: (if Applicable): _____ () Negative () Positive

Date of (MMR) Measles: _____

Date of (Tdap) Pertussis: _____

Date of (Flu Shot) Influenza: _____
(or letter attached declining flu vaccine)

Physician's Signature

Medical Office Stamp