

Mt. San Antonio College ~ Child Development Center

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CHILD DEVELOPMENT COURSE CLEARANCE CHECKLIST

For compliance with SB 792 ~ effective September 1, 2016

PLEASE PRINT AND ATTACH A COPY OF YOUR IMMUNIZATION RECORD

First Name: _____

Last Name: _____

Mt. SAC ID Number: _____

Email: _____

Phone: _____

Date of Birth: _____

<u>Item to Clear</u> For medical office/personnel use only.	<u>Date Cleared</u>
TB – <i>date of clearance:</i> _____ Considered up-to-date if cleared within past 12 months.	
Tdap Vaccine – <i>date of administration:</i> _____ Considered up-to-date if received within past 10 years.	
Influenza (Flu) Vaccine – <i>date of administration:</i> _____ Vaccine is mandatory for individuals working with infants; optional for all others.	
MMR (Measles, Mumps, Rubella) – <i>dates of administration or positive titers:</i> _____ _____ Proof of two MMR vaccines or positive titers required.	

~ Medical Office Stamp ~

Cleared by: _____

Signature: _____ MD/PA/FNP/RN