



Novato Parents Nursery School

1473 South Novato Boulevard, Novato, CA 94947 • 415. 897. 4498 •
www.npnurseryschool.org

Influenza/Good Health Form for Returning Families

Influenza - please provide only one of the following:

- A copy of an immunization record for influenza dated between August 1 and December 1 of each year. Or a signed statement stating you will receive the immunization **before** December 1. (see below)
- A statement from your physician stating that there is a medical reason you cannot be vaccinated or you are already immune (this usually involves taking a titer to test your blood for antibodies).
- A signed statement from you stating that you have declined to be vaccinated against the flu. (see below)

If yet to receive flu vaccine:

I (working caregiver) _____ agree to receive the flu vaccine **before** December 1, 2023.

Signature: _____ Date: _____

If refusing the flu vaccine:

I (working caregiver) _____ decline to be vaccinated against influenza.

Signature: _____ Date: _____

“Good Health” Statement

I (working caregiver) _____ hereby declare that to the best of my knowledge I am in good health and am able to perform the duties expected of me as a member of the Novato Parents Nursery School co-operative preschool.

Parent Signature: _____ Date: _____