Lemberg Children's Center, Inc.
457 Old South St
MS 044, Brandeis University
Waltham, MA 02453

LCC OFFICE USE ONLY
Date Received: ___/___/___
Date Entered: ___/___/___
Entered By: _____

AUTHORIZATION of RELEASE of MEDICAL RECORDS

Student/Employee Name: _____ SS# (last 4 digits): _____

To: Brandeis Health Services, MS#34 or (If not Brandeis Student)

Name of Physician: _____

Address: _____

City, State, Zip: _____

My employer, the Lemberg Children's Center, Inc, on campus at Brandeis University is required to have on file a form documenting, my good health and the dates for my **latest physical and 2 doses of the MMR vaccines**. Please fill in this information below, or send a form of your own with my *immunization report* and date of *physical* to Lemberg Children's Center. You may also Fax this to them at 781 736 2204. If Brandeis Health Services, please return this form in campus mail to Lemberg Children's Center, MS #044

Sincerely,

_____ / _____

Authorizing Student Signature Date

To be filled out by a Health Professional:

Our records indicate that the person named above is in good health to work in an environment with young children and participate in activities at the Lemberg Children's Center.

Date of Last Physical: _____ (must be within one year of today)**.**

IMMUNIZATION RECORD

In accordance with Massachusetts Dept of Public Health regulations , all staff are required to provide verification of immunity or vaccination for Measles, Mumps and Rubella.

REQUIRED IMMUNIZATIONS:

MMR (MEASLES, MUMPS, RUBELLA) 2 doses required **Month Day Year**

Dose 1 Immunized on or after first birthday: Dose 1: _____

Dose 2 Given at least one month after Dose 1: Dose 2: _____

**If unable to document Measles, Mumps and/or Rubella immunization dates, you must have titers. This is a blood test to prove you are immune. A copy of the lab report with the value in English is required.*

Name (Printed) of Health Professional: _____ Phone: _____

Signature of Health Professional: _____ Date: _____

Please Fax to: 781 736-2204 or send this form to: Lemberg Children's Center
457 Old South St. MS 44, Brandeis University Waltham, MA 02454-9110