

IMMUNIZATION HISTORY FOR DIRECT STUDENT SERVICES PERSONNEL

Name of Staff: _____ **Staff Birthdate:** _____

MEASLES, MUMPS, AND RUBELLA (MMR)

One dose of MMR vaccine recommended for all staff. Staff at high risk (school nurses, international travelers, or college students) are recommended to get two doses. Vaccine not required for those born before January 1, 1957.

Dose 1 date: _____ Dose 2 date: _____

Documentation of Immunity

I certify that the person named above has laboratory evidence of immunity to measles, mumps, or rubella virus and does not need MMR vaccine.

Titer Result/Date: _____

VARICELLA (CHICKENPOX)

Two doses of varicella vaccine recommended unless staff had verification of chickenpox disease or herpes zoster from a healthcare provider.

Dose 1 date: _____
 Dose 2 date: _____
 Date of Chickenpox disease: _____

Documentation of Immunity

I certify that the person named above has laboratory evidence of immunity to varicella virus and does not need varicella vaccine.

Titer Result/Date: _____

HEPATITIS B*

Three doses of hepatitis B vaccine or laboratory evidence of immunity.

Dose 1 date: _____
 Dose 2 date: _____
 Dose 3 date: _____

Documentation of Immunity

I certify that the person named above has laboratory evidence of immunity to hepatitis B virus and does not need vaccine.

Titer Result/Date: _____

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)/TETANUS-DIPHTHERIA (Td)

One Tdap recommended, then Td booster every 10 years.

Tdap date: _____
 Td date (most recent): _____

INFLUENZA (FLU)

Flu vaccine recommended every year.

Date (most recent): _____

EMPLOYEE IMMUNIZATION EXEMPTION FORM		
Exemption		
<p>I have read information concerning the vaccines and understand that I may be at risk of getting a vaccine-preventable illness from an unvaccinated student or staff member. However, I am choosing to decline vaccination at this time. By declining vaccination, I understand that I am at risk of getting a vaccine-preventable illness.</p> <p>I understand that in the event of a vaccine-preventable disease outbreak, I may not be allowed to work during the outbreak. Some outbreaks may last more than two weeks. I decline the following vaccines at this time (check all that apply):</p>		
Vaccine	Medical	Personal
Hepatitis B		
MMR		
Tdap/Td		
Varicella		
Influenza		
Staff Signature		Date (mm/dd/yyyy)

CERTIFICATION	
<p>I certify that the immunization information provided is correct.</p>	
Staff Signature	Date (mm/dd/yyyy)
Health Care Provider Signature or Stamp	Date (mm/dd/yyyy)

*More information on Labor and Industries rules about the hepatitis B vaccine and potential occupational exposure to bloodborne pathogens is available online: www.lni.wa.gov/safety/rules/chapter/823/