

Immunization History for School Personnel

Name _____ Date of Birth _____

Measles

Two doses of live measles vaccine administered at least 28 days apart since 1968 and given at or after one year of age; or laboratory evidence (blood titer) of measles immunity.

Date of 1st Vaccine: ____/____/____ (attach proof of immunization)

Date of 2nd Vaccine: ____/____/____ (attach proof of immunization)

Documentation of Measles Immunity

I certify that the person named above has laboratory evidence (blood titer) of immunity to measles virus and does not need measles vaccine.

_____/_____/_____
Titer Result Physician's Signature or Stamp Date

Rubella

Two doses of rubella vaccine administered at least 28 days apart at or after one year of age and after July, 1969; or laboratory evidence of rubella immunity.

Date of 1st Vaccine: ____/____/____ (attach proof of immunization)

Date of 2nd Vaccine: ____/____/____ (attach proof of immunization)

Documentation of Rubella Immunity

I certify that the person named above has laboratory evidence (blood titer) of immunity to rubella virus and does not need rubella vaccine.

_____/_____/_____
Titer Result Physician's Signature or Stamp Date

Mumps

Two doses of vaccine administered at least 28 days apart or at or after one year of age.

Date of 1st Vaccine: ____/____/____ (attach proof of immunization)

Date of 2nd Vaccine: ____/____/____ (attach proof of immunization)

Tetanus-Diphtheria-Pertussis

TD (adult): A booster is needed every 10 years.

Date of Vaccine: _____
Month/Day/Year Month/Day/Year Month/Day/Year

Exemption

In the event of an outbreak of vaccine-preventable disease from which you are exempt, or you are not adequately immunized, the Public Health Department may require that you be excluded from work for the duration of the outbreak which may result in non paid days without proof of immunization.

Religious Personal Exemption

I am opposed to immunizations and do not want to have any vaccines; or I do not want to receive the following vaccines. I understand this may result in unpaid leave during an outbreak:

_____/_____/_____
Print Name Signature Date

I certify that the information provided above is correct.

_____/_____/_____
Signature Date