

IMMUNIZATION HISTORY FOR SCHOOL PERSONNEL

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

MEASLES

One dose of live measles vaccine administered since 1968 and given at or after one year of age; or laboratory evidence of measles immunity. (Not required of those born before January 1, 1957)

Date of Vaccine: \_\_\_\_\_  
Month/Day/Year

DOCUMENTATION OF MEASLES IMMUNITY

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

\_\_\_\_\_  
Titer Result Physician's Signature/Stamp Date

RUBELLA

One dose of rubella vaccine administered at or after one year of age and after July 1969; or laboratory evidence of rubella immunity.

Date of Vaccine: \_\_\_\_\_  
Month/Day/Year

DOCUMENTATION OF RUBELLA IMMUNITY

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

\_\_\_\_\_  
Titer Result Physician's Signature/Stamp Date

MUMPS

One dose of vaccine administered at or after one year of age. Not required of those born before January 1, 1957, or those who had mumps disease.

Date of Vaccine: \_\_\_\_\_  
Month/Day/Year

TETANUS-DIPHThERIA

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, you may be excluded from work for the duration of the outbreak.

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:

\_\_\_\_\_  
\_\_\_\_\_  
Signature Date

CERTIFICATION

I certify that the information provided above is correct.

\_\_\_\_\_  
Signature Date