



Staff Immunization History Form

Name of Staff: _____ Staff Birthdate: _____
School: _____ School District: _____

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: _____

Healthcare Provider 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 (laboratory evidence of immunity) 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: _____

Healthcare Provider 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 (laboratory evidence of immunity) Result/Date: _____

HEPATITIS B*

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

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

Healthcare Provider 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 (laboratory evidence of immunity) 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

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.

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):

Vaccine	Medical	Personal
Hepatitis B		
MMR		
Tdap/Td		
Varicella		
Influenza		

Staff Signature
(mm/dd/yyyy)

Date

CERTIFICATION

I certify that the immunization information provided is correct. I give permission to the school district to share immunization information with the Immunization Information System and coordinate healthcare for schools.

Staff Signature
(mm/dd/yyyy)

Date

Health Care Provider Signature or Stamp

Date (mm/dd/yyyy)

*For more information about Labor and Industries rules about the hepatitis B vaccine and potential occupational exposure to bloodborne pathogens, please go here:
www.lni.wa.gov/safety/rules/chapter/823/