

## COLSD 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: \_\_\_\_\_

#### 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\* (\* For Specific Job Description)

\*For specific job descriptions, 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: \_\_\_\_\_

**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 understand that I will not be allowed to use leave time from my position per district policy. I decline the following vaccines at this time (check all that apply):

<b>Vaccine</b>	<b>Medical</b>	<b>Personal</b>
*Hepatitis B		
MMR		
Tdap		
Varicella		

**Staff Signature****Date** (mm/dd/yyyy)**CERTIFICATION**

I certify that the immunization information provided is correct.

**Staff Signature****Date** (mm/dd/yyyy)**Health Care Provider Signature or Stamp****Date** (mm/dd/yyyy)