

# Sample Staff Immunization History Form

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

I give permission to the school district, school, preschool or early learning center to share immunization information with the Immunization Information System yes no. I certify that the immunization information provided is correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## MEASLES, MUMPS, AND RUBELLA (MMR)

One dose of MMR vaccine is recommended for all staff and required for child care staff and volunteers (including ECEAP and Head Start preschools) lacking evidence of immunity to measles. Staff at high risk (nurses, international travelers, or college students) are recommended to get two doses. This vaccine is not needed for those born before January 1, 1957.

Dose 1 date: \_\_\_\_\_ Dose 2 date: \_\_\_\_\_

### Or Documentation of Immunity

- I certify that the person named above has laboratory evidence of immunity to  measles  mumps  rubella virus.  
 Titer (laboratory evidence of immunity) Result/Date: \_\_\_\_\_

\_\_\_\_\_  
Licensed Health Care Provider Name  
(print)

\_\_\_\_\_  
Licensed Health Care Provider Signature

\_\_\_\_\_  
Date

## VARICELLA (CHICKENPOX)

Two doses of varicella vaccine are recommended unless staff had verification of chickenpox disease or herpes zoster from a healthcare provider. This vaccine is not needed for those born before January 1, 1980.

Dose 1 date: \_\_\_\_\_ Dose 2 date: \_\_\_\_\_  Date of Chickenpox disease: \_\_\_\_\_

### Or Documentation of Immunity

- I certify that the person named above has laboratory evidence of immunity to varicella virus.  
 Titer (laboratory evidence of immunity) Result/Date: \_\_\_\_\_

\_\_\_\_\_  
Licensed Health Care Provider Name  
(print)

\_\_\_\_\_  
Licensed Health Care Provider Signature

\_\_\_\_\_  
Date

## HEPATITIS B \*For more information about Labor and Industries rules about the hepatitis B vaccine and potential occupational exposure to blood-borne pathogens, please go here: [www.lni.wa.gov/safety/rules/chapter/823/](http://www.lni.wa.gov/safety/rules/chapter/823/)

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

Dose 1 date: \_\_\_\_\_ Dose 2 date: \_\_\_\_\_ Dose 3 date: \_\_\_\_\_

### Or Documentation of Immunity

- I certify that the person named above has laboratory evidence of immunity to hepatitis B virus.  
 Titer (laboratory evidence of immunity) Result/Date: \_\_\_\_\_

\_\_\_\_\_  
Licensed Health Care Provider Name  
(print)

\_\_\_\_\_  
Licensed Health Care Provider Signature

\_\_\_\_\_  
Date

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

One Tdap recommended, then Td or Tdap booster every 10 years. Tdap or Td date (most recent): \_\_\_\_\_

## SARS-CoV-2 (COVID-19)



Dose date (most recent): \_\_\_\_\_

**INFLUENZA (FLU)**

Flu vaccine recommended every year. Date (most recent): \_\_\_\_\_