

Staff Immunization History Form

Employee Name: _____

Birthdate: _____

Snohomish School District staff are encouraged to complete the Staff Immunization History Form, per Policy 6512P. This is not a mandatory requirement, but in the event of an outbreak the Snohomish County Health Department will not allow staff who cannot provide immunization records or proof of immunity into an infected building. The exclusion period could be for up to 21 days.

A staff member may claim an exemption for religious or personal philosophical reasons. However, a staff member who files this exemption will be excluded from work should there be an outbreak.

Please return the completed form to Human Resource Services *along with proof of immunization*.

If you have additional questions regarding Snohomish School District policy related to staff immunization, please contact Human Services at 360-563-7233. If you need to be vaccinated, want to take the titer test for immunity, or would like a booster, please contact your health care provider.

<p>Measles, Mumps, and Rubella (MMR)</p> <p>This vaccine is not required for those born before January 1, 1957.</p> <p><input type="checkbox"/> Dose 1 date: _____</p> <p><input type="checkbox"/> Dose 2 date: _____</p> <p>OR</p> <p><input type="checkbox"/> Titer (laboratory evidence of immunity)</p> <p>Result/Date: _____</p> <p>OR</p> <p><input type="checkbox"/> Booster date: _____</p>	<p>Hepatitis B</p> <p>Three doses of hepatitis B vaccine are recommended or laboratory evidence of immunity.</p> <p><input type="checkbox"/> Dose 1 date: _____</p> <p><input type="checkbox"/> Dose 2 date: _____</p> <p><input type="checkbox"/> Dose 3 date: _____</p> <p>OR</p> <p><input type="checkbox"/> Titer (laboratory evidence of immunity)</p> <p>Result/Date: _____</p>
<p>Varicella (Chicken Pox)</p> <p><input type="checkbox"/> Dose 1 date: _____</p> <p><input type="checkbox"/> Dose 2 date: _____</p> <p>OR</p> <p><input type="checkbox"/> Titer (laboratory evidence of immunity)</p> <p>Result/Date: _____</p>	<p>Tetanus, Diphtheria, Pertussis (Tdap)/ Tetanus-Diphtheria (Td)</p> <p>One Tdap recommended, then Td booster every 10 years.</p> <p><input type="checkbox"/> Tdap date: _____</p> <p><input type="checkbox"/> Td booster date (most recent): _____</p>

I certify that the above information that I've provided is true and correct.

Signature: _____

Date: _____

Vaccine Exemption:

In the event of an outbreak, I understand that I may be excluded from work for the duration of the outbreak. I am opposed to immunizations, do not want to have any vaccines, nor do I want to receive the above vaccinations.

Religious Personal Signature: _____

Date: _____