

Immunization History for Quincy School District

All employees are required to complete this section.

Print Name _____

Date of Birth _____

I certify that all of the information provided herein is correct.

Signature _____

Date _____

All employees born on January 1, 1957, or after are required to complete all information below.

Measles (MMR)

One dose of live measles vaccine administered on or after one year of age, or laboratory evidence of measles immunity.

Date of Vaccine _____ / _____ / _____
or

Documentation of Measles Virus Immunity (Titer Test) Performed and signed by health care provider:

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

Titer Results: _____

Health Care Provider: _____ Date: _____

Rubella (MMR)

One dose of live measles vaccine administered on or after one year of age, or laboratory evidence of rubella immunity.

Date of Vaccine _____ / _____ / _____
or

Documentation of Rubella Virus Immunity (Titer Test) signed by health care provider:

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

Titer Results: _____

Health Care Provider: _____ Date: _____

Mumps (MMR)

Two doses of vaccine administered at or after one year of age. (Not required of those who had mumps disease.)

Date of Vaccine _____ / _____ / _____

Had Mumps _____ / _____ / _____

Tetanus-Diphtheria-Pertussis (Tdap)/Tetanus-Diphtheria (Td)

***One dose of Tdap should replace a single Td booster.** After one dose of Tdap, adults should continue getting Td boosters every 10 years.
Proof of vaccination must be attached.

Date of *Tdap Vaccine: _____ / _____ / _____

Date of Td Vaccine: _____ / _____ / _____

Varicella

Two doses of vaccine or history of chickenpox.

Dates of Vaccine Doses: _____ / _____ / _____

Date of Chickenpox Illness: _____ / _____ / _____

EXEMPTION:

In the event of an outbreak of a vaccine-preventable disease from which you are exempt, you may be excluded from work for the duration of the outbreak. **Employees who are excluded from work due to health department regulations regarding epidemics may use accrued sick leave for such absences. In the event there is no accrued sick leave available, any exclusion would be in an unpaid status.**

I am opposed to immunizations and claim the following (check (✓) all that apply):

Religious Exemption Personal Exemption I do not want to have any vaccines

I do not want to receive the following vaccines: _____