



**IMMUNIZATION HISTORY
FOR SCHOOL PERSONNEL**

NAME _____

DATE OF BIRTH _____

MEASLES

One dose of live measles vaccine administered since 1968 and given at or after one year of age; or laboratory evidence of measles immunity. (Not required of those born before January 1, 1957.)

Date of Vaccine: _____
Month/Day/Year

RUBELLA

One dose of rubella vaccine administered at or after one year of age and after July 1969; or laboratory evidence of rubella immunity.

Date of Vaccine: _____
Month/Day/Year

MUMPS

One dose of vaccine administered at or after one year of age. Not required of those born before January 1, 1957 or those who had mumps disease.

Date of Vaccine: _____
Month/Day/Year

EXEMPTION

In the event of an outbreak of vaccine preventable disease from which you are exempt, you may be excluded from work for the duration of the outbreak.

- Religious
- Personal Exemption

I am opposed to immunizations and do not want to have any vaccines: or I do not want to receive the following vaccines:

_____ / _____
Signature Date

CERTIFICATION

I certify that the information provided above is correct.

_____ / _____
Signature Date