



IMMUNIZATION INFORMATION

_ Y _ N _ E VERIFIED: _____
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Name: _____ Location: _____

The Mount Vernon School District requests the following immunization information. Due to possible outbreaks of communicable diseases in our schools, we need to be able to identify staff that may be susceptible. In the event there is a confirmed case of measles, mumps, rubella or pertussis in our district, we will take direction from the Skagit County Health Department who will determine what is required for staff to continue working during the outbreak. In the past, the Skagit County Health Department has required 2-MMR vaccinations or laboratory verified immunity to measles, mumps and rubella and 1-Tdap vaccination. Please consult your medical provider if you have any questions about what is appropriate for you.

MEASLES, MUMPS, RUBELLA(MMR) VACCINATIONS: (Vaccinations must both be received after one year of age and a minimum of 28-days between dose one and dose two)

Date of 1st MMR Vaccination: ____/____/____ Date of 2nd MMR Vaccination: ____/____/____

TITER TEST(S) for MEASLES/MUMPS/RUBELLA:

Measles IgG Antibody	Date Collected: ____/____/____	Results: _____
Mumps IgG Antibody	Date Collected: ____/____/____	Results: _____
Rubella IgG Antibody	Date Collected: ____/____/____	Results: _____

Tdap VACCINATION: (A single dose of Tdap is required for people 11 through 64 years of age)

Date of Tdap Vaccination: ____/____/____

PLEASE ATTACH COPY OF DOCUMENTATION TO THIS FORM (appropriate evidence includes immunization records; vaccinations listed on doctor’s office stationery; actual lab results from the lab stating immunity levels)

EXEMPTION

Employees may file an exemption to these immunization requirements by signing below. If a case of measles, mumps, rubella or pertussis are identified in the MVSD and you have filed an exemption, or failed to provide MMR or Tdap information, you will be excluded from work.

<input type="checkbox"/> I am claiming an exemption from these immunizations. I understand that I will be excluded from work if an outbreak is identified in the MVSD district.	
_____ Signature	_____ Date