



**EMPLOYEE IMMUNIZATION HISTORY FORM  
CONCRETE SCHOOL DISTRICT NO 11**

NAME \_\_\_\_\_ Circle: Male or Female DATE OF BIRTH \_\_\_\_\_

In the event of an outbreak of a vaccine-preventable disease from which you have not provided the Concrete School District the required information, or you are exempt, or you are not adequately immunized, the PUBLIC HEALTH DEPARTMENT MAY REQUIRE THAT YOU BE EXCLUDED FROM WORK FOR THE DURATION OF THE OUTBREAK.

**All employees must provide information or initial as exempt on all of the following:**

1. \_\_\_\_\_ Personal or Religious Exemption: I am opposed to immunizations due to religious (Initial & Sign below) or personal reasons. I understand that in the event of an outbreak I may be excluded from work with no pay.
2. When did you have your Measles/Mumps/Rubella shot #1(MMR)? Month/Day/Year \_\_\_\_\_.  
When did you have your MMR shot #2? Month/Day/Year \_\_\_\_\_ (The MMR or Measles/  
Mumps/Rubella vaccine had to be given after 1967 and after one year of age to be in compliance with the  
Public Health Department)

Did you have a Measles only Vaccine (Rubeola)? Yes \_\_\_ No \_\_\_ Month/Day/Year \_\_\_\_\_

Did you have a Mumps only Vaccine? Yes \_\_\_ No \_\_\_ Month/Day/Year \_\_\_\_\_

Did you have a Rubella only Vaccine? Yes \_\_\_ No \_\_\_ Month/Day/Year \_\_\_\_\_

**OR** do you have laboratory evidence of Mumps \_\_\_\_\_, Rubella \_\_\_\_\_, Measles (Rubeola) \_\_\_\_\_ immunity?  
Please mark each Titer test with an X. (Rubeola is often described as the hard measles, 10 day measles or old-  
fashioned measles) A copy of laboratory results (Titer Test) must be attached to this form.

3. When did you last have a Tetanus-Diphtheria (TD) shot? Month/Day/Year \_\_\_\_\_  
(A booster shot is recommended every 10 years)
4. When did you have a Tetanus-Diphtheria-Pertussis (Tdap) shot? Month/Day/Year \_\_\_\_\_  
(Tdap is recommended only once for Adults)

I certify that the information provided is correct. I understand that if an outbreak of a vaccine preventable disease occurs and I am not in compliance with the law, the Public Health Department may exclude me from work for the duration of the outbreak. All such exclusions may be without pay.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Office Representative

\_\_\_\_\_  
Approval Date

**If you are unable to provide dates you may do one of the following: Provide lab work results (titer test) to Human Resources to prove immunity to Measles (RUBEOLA), Mumps, and Rubella; Get two MMR booster shots 28 days apart and bring in documentation to that effect; or Sign the exemption on number 1. If you have any questions about completing this form, contact Human Resources or Skagit County Health Department at 336-9380.**