

**TAHOMA SCHOOL DISTRICT  
IMMUNIZATION HISTORY FOR SCHOOL DISTRICT STAFF  
(see reverse side for information and procedure)**

**A** 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: \_\_\_\_\_ \*written documentation of past vaccination attached, **OR**
- See attached titer results documenting immunity for **Measles**, **OR**
- I certify that the person named above has laboratory evidence of immunity to measles virus and does not need measles vaccine:

\_\_\_\_\_ Titer Result                      \_\_\_\_\_ Physician's Signature or Stamp                      \_\_\_\_\_ Date

**Mumps:** One dose of live mumps vaccine administered at or after one year of age; or laboratory evidence of mumps immunity. (Not required of those born before January 1, 1957.)

- B**
- Date of Vaccine: \_\_\_\_\_ \*written documentation of past vaccination attached, **OR**
  - See attached titer results documenting immunity for **Mumps**, **OR**
  - I certify that the person named above has laboratory evidence of immunity to mumps virus and does not need mumps vaccine:

\_\_\_\_\_ Titer Result                      \_\_\_\_\_ Physician's Signature or Stamp                      \_\_\_\_\_ Date

**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: \_\_\_\_\_ \*written documentation of past vaccination attached, **OR**
- See attached titer results documenting immunity for **Rubella**, **OR**
- I certify that the person named above has laboratory evidence of immunity to rubella virus and does not need rubella vaccine:

\_\_\_\_\_ Titer Result                      \_\_\_\_\_ Physician's Signature or Stamp                      \_\_\_\_\_ Date

**TETANUS-DIPHTHERIA:** Td (adult): A booster is recommended every 10 years.

**C** Date(s) of Vaccine(s): \_\_\_\_\_

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

- D**
- Religious                       Philosophical                       Medical

**E** I certify that the information provided above and attached is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMMUNIZATIONS FOR TAHOMA SCHOOL DISTRICT  
(Refer to Policy 6512 – Infection Control Program)**

**1. RECOMMENDED IMMUNIZATIONS:**

Tahoma School District supports the recommendations from the Washington State Department of Health (DOH), Centers for Disease Control and Prevention (CDC), and the Advisory Committee on Immunization Practices (ACIP). See the table below for *recommended* immunizations.

Recommended Immunizations for Tahoma School District Staff (including Substitutes and Volunteers)		
Vaccine	Staff Born Before 1957	Staff Born In or After 1957
MMR (Measles, Mumps, Rubella)	<ul style="list-style-type: none"> <li>• Presumed to be immune; No vaccine needed</li> <li>• Testing in NOT necessary; however, if negative titer test result, 1 dose of MMR vaccine is recommended</li> </ul>	<ul style="list-style-type: none"> <li>• 1 dose if not at high risk</li> <li>• 2 doses if at high risk; at least 1 month apart</li> <li>• Vaccine needed even with history of prior disease diagnosed by a provider</li> <li>• Positive titer test result; no vaccine needed</li> </ul>
Tdap/Td Tetanus, Diphtheria, Pertussis	1 dose of Tdap, then Td booster every 10 years except for pregnant women who are recommended to receive a dose during each pregnancy.	
Varicella (Chickenpox)	<ul style="list-style-type: none"> <li>• 2 doses of vaccine</li> <li>• Evidence of immunity; no vaccine needed</li> <li>• Titer test result showing positive immunity</li> </ul>	
Hepatitis B	3 doses	
Influenza (Flu)	Annual influenza vaccine is recommended for everyone 6 months of age and older	

**2. PURPOSE**

In order to safeguard the school community from the spread of certain vaccine-preventable disease and in recognition that prevention is a means of combating the spread of disease, the Tahoma School District Board of Directors strongly recommends all susceptible staff members (including substitutes and volunteers) provide evidence of immunity against MMR and Td. In addition, OSPI and the DOH encourage school districts across the state to know the immunization or immunity status of staff members in case of a disease outbreak at schools in our district.

**3. PROCEDURE**

There are five sections to the Immunization History for School District Staff form;

- **Section A,** Enter your name and date of birth\*;
- **Section B,** Enter information for MMR vaccinations which require written documentation;
- **Section C,** Enter date(s) for Tdap/Td vaccinations which are not required but strongly recommended every 10 years;
- **Section D,** Exemption information, if applicable; and
- **Section E,** Sign and date verifying that the information you are providing is accurate.

\*Staff members born **prior to January 1, 1957**, need only complete **Sections A and E**. These individuals are presumed naturally immune to MMR and are not required to provide written evidence.

**4. ADDITIONAL INFORMATION:**

**Immunizations are not required.** Staff members who have incomplete or unacceptable written evidence of immunity on file, or have been granted exemption, are considered susceptible. Susceptible staff members MAY be excluded by the DOH from work for at least 21 days after the onset of a rash in the last case of a disease outbreak. Staff members excluded from work will not be eligible to receive sick leave benefits in accordance with Board Policy 6512.

Documentation can be established by completing the reverse side and providing ONE of the following:

1. Acceptable written evidence of past immunizations; or
2. Laboratory titer test results; or
3. Confirmation from your health care provider that you have had the disease(s).

Note: Out of pocket fees may apply depending upon your health care plan. Contact your insurance carrier for coverage information.