

**La Center School District No. 101**

725 Highland Road/PO Box 1840

La Center, WA 98629

Phone: 360.263.2131/Fax: 360.263.1140

**Immunization History for School Personnel and Volunteers**

Name: \_\_\_\_\_

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

Individuals born prior to January 1, 1957, need not provide evidence of immunity to measles, rubella, or mumps; these individuals are considered naturally immune. Were you born prior to 1957?  Yes  No

If no, please complete the sections below:

**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. Date of Vaccine: \_\_\_\_\_ **OR**

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  Philosophical  Medical Exemption

**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: \_\_\_\_\_ **OR**

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  Philosophical  Medical Exemption

**Mumps**

One dose of vaccine administered at or after one year of age.

Date of Vaccine: \_\_\_\_\_ Previously had mumps?  Yes  No When: \_\_\_\_\_

Month/Day/Year

**OR**

**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  Philosophical  Medical Exemption

**Tetanus-Diphtheria**

TD (adult): A boosters needed every 10 years

Date of Vaccine: \_\_\_\_\_ **OR**

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  Philosophical  Medical Exemption

I certify that the information provided above is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date