

Measles & Rubella Vaccines (MMR)

Provide proof of 2 MMR doses, or a blood test showing you are immune.
Bring your vaccination records or lab results to HR before your first shift.

Name: _____

Employee ID: _____ **DOB:** _____

Start date: _____ **Assigned location / Facility:** _____

2 MMR vaccine doses

I have documentation showing I received two doses of the MMR vaccine.

Dose 1 date (MM/DD/YYYY)

Dose 1 lot # (if known)

Dose 2 date (MM/DD/YYYY)

Dose 2 lot # (if known)

Positive immunity blood test (titer)

A lab test confirmed I am immune to measles and rubella.

Lab test date (MM/DD/YYYY)

Testing lab / facility

Result (e.g. Immune — IgG positive for measles and rubella)

DOCUMENTATION SUBMITTED — Check all that apply

<input type="checkbox"/> Vaccination record / immunization card
<input type="checkbox"/> Physician or clinic letter
<input type="checkbox"/> Lab report / titer results
<input type="checkbox"/> Other: _____

I confirm that the information and documentation I have provided are accurate and complete to the best of my knowledge. I understand that submitting false or falsified immunization records may be grounds for immediate termination and may be reported to the appropriate licensing authority.

Employee Signature : _____ **Date:** _____

Reviewed by: _____ Date: _____ Compliance status: _____