



Immunity Documentation

Name: _____

Varicella (Chickenpox)	
Choose <u>one</u> of the following:	
	I have had Varicella: Signature _____
	Positive Varicella Titer (documentation attached)
	Varicella Vaccine (documentation attached) _____ 2 nd Varicella Vaccine (documentation attached)
Rubella (German measles)	
Choose <u>one</u> of the following:	
	Childhood MMR #1 and # 2 (documentation attached)
	Adult MMR (documentation attached) _____ 2 nd Adult MMR (documentation attached, required by some clients)
	Positive Rubella Titer (documentation attached)
Rubeola (Measles or Red Measles)	
Choose <u>one</u> of the following:	
	Childhood MMR #1 and # 2 (documentation attached)
	Adult MMR (documentation attached) _____ 2 nd Adult MMR (documentation attached, required by some clients)
	Positive Rubeola Titer (documentation attached)
Mumps	
Choose <u>one</u> of the following:	
	Childhood MMR #1 and # 2 (documentation attached)
	Adult MMR (documentation attached) _____ 2 nd Adult MMR (documentation attached, required by some clients)
	Positive Mumps Titer (documentation attached)

If you are not sure how to find your documentation see reverse

Instructions: Do Not Complete

How to find and document your immunity:

Varicella (Chickenpox)

Choose one of the following:

I have had Varicella:

Signature _____

Date _____

(If you have had Chickenpox, just sign and put today's date)

Positive Varicella Titer (documentation attached)

(if you have a titer it may be on file with one of your past employers, ask for Employee Health)

Varicella Vaccine #1 and # 2 (documentation attached)

(If you have had the vaccine(s) it may be on file with one of your past employers, ask for Employee Health, or you can receive a Vaccine at your local health department.)

Rubella (German measles)

Choose one of the following:

Childhood MMR #1 and # 2 (documentation attached)

(Check with your parents, relatives, pediatrician, or health department)

Adult MMR (documentation attached)

_____ 2nd Adult MMR (documentation attached, required by some clients) ***(Check employee health, your records, or college/tech school records)***

Positive Rubella Titer (documentation attached)

(Check employee health, your records, OB/GYN, or college/tech school records)

Rubeola (Measles or Red Measles)

Choose one of the following:

Childhood MMR #1 and # 2 (documentation attached)

(Check with your parents, relatives, pediatrician, or health department)

Adult MMR (documentation attached)

_____ 2nd Adult MMR (documentation attached, required by some clients) ***(Check employee health, your records, or college/tech school records)***

Positive Rubeola Titer (documentation attached)

(Check employee health, your records, or college/tech school records)

Mumps

Choose one of the following:

Childhood MMR #1 and # 2 (documentation attached)

(Check with your parents, relatives, pediatrician, or health department)

Adult MMR (documentation attached)

_____ 2nd Adult MMR (documentation attached, required by some clients) ***(Check employee health, your records, or college/tech school records)***

Positive Mumps Titer (documentation attached)

(Check employee health, your records, or college/tech school records)