

MMR

M.M.R. (Measles, Mumps, Rubella) if given instead of individual immunizations. **Born after 1-1-1957**

You must have proof of two doses Measles, one dose Rubella and one dose Mumps. Date:

Born before 1-1-1957

You must have proof of one dose of M.M.R. or positive titers to Rubella and Rubeola. Evidence of immunity by Rubella and Rubeola immune titers

Rubella titer Date: _____

Rubeola titer Date: _____

VARICELLA (Chicken Pox)

Had the disease or positive immune titer (Date of titer) Date: _____

Have not had the disease Yes _____ No _____

Have had vaccine Date: _____

HEPATITIS B Vaccine

Series Dates: 1 _____ 2 _____ 3 _____

In lieu of Hepatitis B vaccine, you must sign a waiver. If you are exposed to:

- Varicella (Chicken Pox) or Shingles with negative history of Varicella
- Measles, Mumps, or Rubella, if not immunized
- Pertussis (Whooping Cough): and or acquires any of the above.

HEPATITIS B

If you have not received the vaccine or cannot provide documentation you must sign the following statement:

I have declined to take the Hepatitis B vaccine, and I am aware of my risk for exposure and of the possible sequelae to Hepatitis B. I hereby accept responsibility for such exposure.

(Signature)

(Date)

CPR certification

Attach verification of Cardio Pulmonary Resuscitation (CPR) certification. (Please include documentation of the expiration date).

Universal Precautions Class/Training

Date _____

AND

•DOCUMENTATION MUST BE PROVIDED TO EMORY WOCNEC THAT THE STUDENT HAS RECEIVED TRAINING PRIOR TO COMING TO EMORY WOCNEC AND TRAINING MUST BE UPDATED ANNUALLY.

I _____ attest that the above information is correct.

(Signature)

(Date)