

# Premier Staffing, Inc.

## IMMUNIZATION STATUS INFORMATION

Please provide immunization status history by completing the questions below.

**Check appropriate boxes:**

**1. MMR IMMUNITY: MEASLES (RUBEOLA), MUMPS, AND RUBELLA**

Immunity to measles, mumps and rubella is defined as one of the following:

Documentation of a) two doses of MMR given on or after the first birthday and more than 28 days apart  
OR b) two doses of live Measles and Mumps as above and at least 1 dose of live rubella vaccine.

- a) Dates of MMR: \_\_\_\_\_  
b) Dates of measles and mumps: \_\_\_\_\_  
and date/dates of Rubella: \_\_\_\_\_

Born in 1957 or before and serology testing indicates immunity.

- Positive serology indicating immunity (antibody test) – **ENCLOSE DOCUMENTATION.**  
 Immunity status unknown. ( draw titers)

Comments: \_\_\_\_\_

**2. VARICELLA (CHICKEN POX) IMMUNITY:**

Immunity to Varicella (chicken pox) is defined as one of the following:

- Blood test (titer) indicating immunity to chicken pox.  
 History of chicken pox or shingles based on physician diagnosis.  
 2 documented doses of varicella vaccine given at least 28 days apart.  
 Immunity status unknown (draw titer)

Comments: \_\_\_\_\_

**3. HEPATITIS B IMMUNITY:**

Documentation of immunity to Hepatitis B as defined by one of the following:

- Completion of Hepatitis B vaccine series:  
Dates give: Dose 1 (0 month): \_\_\_\_\_  
Dose 2 (1 month): \_\_\_\_\_  
Dose 3 (6 months): \_\_\_\_\_  
 Positive serology for Hepatitis B surface antibody indicating immunity to Hepatitis B.  
 Immunity status unknown (draw titer)

Comments: \_\_\_\_\_

**4. TUBERCULOSIS STATUS:**

Documentation for Tuberculosis status is defined by one of the following:

- Have had the disease (date): \_\_\_\_\_ treatment/follow-up: \_\_\_\_\_  
 Have a positive TB skin test (date): \_\_\_\_\_ treatment/follow-up: \_\_\_\_\_  
 Had BCG vaccine (date): \_\_\_\_\_  
 **Date of last TB Skin Test (Mantoux/PPD): \_\_\_\_\_ Results: \_\_\_\_\_**

Comments: \_\_\_\_\_

**5. INFLUENZA RECOMMENDATIONS:**

Influenza vaccine to be given annually.

Last date give: \_\_\_\_\_

Comments: \_\_\_\_\_

**6. TETANUS RECOMMENDATIONS:**

Td to be given every 10 years (Give 1 dose as Tdap):

Last date/type given: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date