

Ron Thiele, Superintendent

To: All New Issaquah School District Employees –

RE: - IMMUNIZATIONS

Teachers of young children, day care employees, and residents and staff in institutional settings should be vaccinated. Non-pregnant women of childbearing age and international travelers who do not have evidence of immunity should be vaccinated as well. As a District employee, we ask that you review your personal immunization record to determine if you are properly immunized. If you are not properly immunized, in the event of an outbreak of measles in your school you may be excluded from your school for two weeks or longer. If there is a question about your immunity a titer or booster is strongly recommended. Please complete this form by confirming you are current on the listed vaccines.

To review a recommended Adult Immunization Schedule for the United States, one is available on the US Department of Health and Human Services/Center for Disease Control and Prevention:
<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>

If you have any questions, feel free to contact Human Resources (425.837.7060).

EMPLOYEE NAME: _____ BIRTHDATE: ____/____/____

<p>MEASLES* MUMPS* RUBELLA* One dose of live MMR vaccine administered on or after one year of age; or laboratory evidence of measles immunity. (Not required of those born before January 1, 1957)</p> <p>Date of Vaccine: ____/____/____ (if known) Mo day Year</p> <p>I certify that I am current on this vaccine and therefore have immunity to the measles/mumps/rubella viruses.</p> <p>CURRENT YES NO</p>	<p>TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) **/TETANUS-DIPHTHERIA (Td) One dose of Tdap should replace a single Td booster. After one dose of Tdap, adults should continue getting Td boosters every 10 years.</p> <p>Date of Tdap Vaccine: ____/____/____ (if known) Month/Day/Year</p> <p>**Adult Tdap immunization recommendations are provisional. Recommendations will become final when they are published in the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report.</p> <p>CURRENT YES NO</p>
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I certify that the information provided above is correct.

_____/____/_____
Signature Date

Vaccine 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. I am opposed to immunizations and do not want to have any vaccines; or I do not want to receive the following vaccines:
 Religious Personal

_____/____/_____
Signature Date

"Pursuant to the WASHINGTON ELECTRONIC AUTHENTICATION ACT, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge."

Board of Directors

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