

Employee Information

Last Name _____ First Name: _____ Date of Birth: _____
Program: _____ Job Classification: _____

Measles, Mumps, Rubella

Vaccine: Measles or MMR #1 Date _____ #2 _____
Vaccine: Mumps or MMR #1 Date _____ #2 _____
Vaccine: Rubella or MMR #1 Date _____ #2 _____

Serology: Rubeola "measles" Titer Positive Negative Not Tested Date of serology: _____
Mumps Titer Positive Negative Not Tested Date of serology: _____
Rubella Titer Positive Negative Not Tested Date of serology: _____

- Employees born in or after 1957 must provide documentation of the following:
 - Two doses of live measles virus vaccine (exclude vaccine received prior to 1968) administered on or after the 1st birthday, AND
 - One dose of mumps vaccine administered on or after the 1st birthday, AND
 - One dose of rubella vaccine administered on or after the 1st birthday, OR
 - Laboratory evidence of measles, mumps, rubella immunity, OR
 - A signed Declination of Vaccination.
- Employees born before 1957 must provide documentation of the following:
 - One dose of live measles virus vaccine (exclude vaccine received prior to 1968) administered on or after the 1st birthday, AND
 - One dose of mumps vaccine administered on or after the 1st birthday, AND
 - One dose of rubella vaccine administered on or after the 1st birthday, OR
 - Laboratory evidence of measles, mumps, rubella immunity, OR
 - A signed Declination of Vaccination.

Varicella (Chickenpox)

Disease: History of varicella Yes No Don't know
Vaccine: Varicella #1 Date _____ #2 _____
Serology: Varicella Titer Positive Negative Not Tested Date of serology: _____

- Employees are required to have documentation of one of the following:
- Reliable history (may be verbal) of varicella disease, OR
 - Serologic evidence of immunity, OR
 - Two doses of varicella vaccine administered at least 4-8 weeks apart, OR
 - A signed Declination of Vaccination.

Hepatitis A ~ Hepatitis B

Vaccine: Hepatitis A #1 Date _____ #2 Date _____ #3 Date _____
Vaccine: Hepatitis B #1 Date _____ #2 Date _____ #3 Date _____
#4 Date _____ #5 Date _____ #6 Date _____
Serology: AntiHBs Positive Negative Not Tested Date of serology: _____
HbsAg Positive Negative Not Tested Date of serology: _____

Hepatitis A vaccine is not required for employment; however, it is a recommended.

- Employees included in the Port Gamble S'Klallam Tribe Bloodborne Pathogen protocol are required to have documentation the following:
- Serologic immunity to hepatitis B (presence of anti-HBs or HbsAg), OR
 - Completion of a 3-dose Hepatitis B vaccine series or satisfactory progress toward completion in the case of a new employee, OR
 - A signed Hepatitis B Declination.

Tuberculosis Screening

Tuberculin Skin Test #1 Date _____ mm Tuberculin Skin Test #2 Date _____ mm
QuantiFERON-TB Positive Negative Date test _____

- Screening for tuberculosis is required for all employees. Employees are required to have documentation of one of the following:
- Two tuberculin skin tests are required during the previous 12 months, one of which needs to be done within the preceding 3 months, OR
 - QuantiFERON-TB test within 3 months of beginning employment, OR
 - Chest x-ray within 12 months of beginning employment is required of employees providing written documentation of 1) a prior positive TST recorded in millimeters, 2) positive QuantiFERON-TB test, or 3) completion of treatment for LTBI or TB disease

Td / Tdap (Tetanus-diphtheria-pertussis) Vaccination

Vaccine: Td/Tdap (date last immunization) Td: Date _____ Tdap: Date _____
Completion of a primary series of tetanus-diphtheria containing vaccine one dose of Tdap vaccine AND a tetanus-diphtheria (Td) booster every 10 years is recommended.

Influenza Vaccination Date: _____ If declined must sign Declination of Vaccination



Appendix 1 Employee Immunization & Tuberculosis Screening Record

Appendix 2 Declination of Vaccination

I, _____, have read and am familiar with the Port Gamble S'Klallam Tribe **Employee Immunity Assessment and Vaccination Policy** effective _____.

Due to medical, personal, or religious reasons I am declining immunization against the disease(s) checked below and that I do not meet the requirements for demonstrating immunity to the disease(s).

I understand that by declining immunization against the disease(s) checked below that I continue to be at risk of acquiring the disease. I further understand that in the event of a community outbreak of a vaccine-preventable disease for which I lack immunity, the following may occur:

If it is the judgment of the Health Officer that my lack of demonstrated immunity could potentially place the PGST community at risk, then I will be required to take annual sick leave or leave without pay for the duration of the period of potential risk to others.

I also understand that if, in the future, I want to be vaccinated for the disease(s) checked below, that I can receive the vaccination(s) at the PGST Health Clinic at no charge.

| Vaccine | Employee Initial |
|--------------------------------------|------------------|
| <input type="checkbox"/> Measles | |
| <input type="checkbox"/> Mumps | |
| <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Varicella | |
| <input type="checkbox"/> Influenza | |
| <input type="checkbox"/> Tdap | |
| <input type="checkbox"/> Hepatitis A | |
| <input type="checkbox"/> Hepatitis B | |

Signature of Employee

Date

Signature of Witness

Date