

Flagstaff Unified School District Employee Immunization Form

Unless legally exempted, all staff members must show proof of immunity to measles and German measles.

I, _____, certify that I have provided to FUSD documentation indicating (please check one in each section below):

Measles (Rubeola) Evidence of immunity:

- A record of immunization against measles with a vaccine given on or after the first birthday; or
- A statement, signed by a licensed physician or a state or local health officer, that affirms serologic evidence (blood titer) of having had Rubeola.
- I was born prior to January 1, 1957 and shall be considered to be immune to measles. (Rubeola)
- I have filled out the request for exemption form

German Measles (Rubella) Evidence of immunity:

- A record of immunization against rubella with a vaccine given on or after the first birthday; or
- A statement, signed by a licensed physician or a state or local health officer, that affirms serologic evidence (blood titer) of having had rubella.
- I was born prior to January 1, 1957 and shall be considered to be immune to German Measles. (Rubella)
- I have filled out the request for exemption form

Immunization and Outbreak Policy

Memory of immunization date is not acceptable; medical documentation of immunity is required.

Exempted employees include those with medical contraindications for receiving vaccines and those who refuse immunization for personal reasons.

Please note that per policy G1411 GBGCA, if a location is designed as a measles outbreak location, staff that do not have current immunization records on file, including those who completed a request for exemption, will not be allowed in the building. If this happens, those staff members will need to use personal leave to maintain income. Once their personal leave runs out, any remaining days will be unpaid until the building is cleared by our nurse supervisor and the Coconino County Health Department.

Employee Name _____ Employee ID# _____ Date: _____

Employee Signature _____