

CA-TF6 Immunization Records Process

Date: January 1, 2011
To: CA-TF6 Task Force Members & Applicants
From: CA-TF6 Program Office
Re: Immunization Records – Information Gathering Process

Please read carefully. This information gathering process has 3 sections. If you are able to fill out section 1 completely, you do not need to fill out sections 2 or 3. If you cannot fill out section 1 completely, use sections 2 and/or 3 per directions to ensure that you have provided information for all required immunizations.

Section 1: Immunization Record Verification – Fill out as completely as possible:

As part of the task force application process required by FEMA, CA-TF6 is required to provide verification of all immunization records for task force personnel. For empty spaces that apply to you, we need actual dates of inoculations. If you do not know the actual dates, or have not received the inoculation(s), leave the space(s) blank and go to section 2 and/or 3.

Section 2: Waivers of Proof of Inoculation – Fill out only the waivers that apply:

In lieu of the actual date, you may indicate the approximate year that you received the inoculation(s) AND provide supporting comment(s) on why you think you have received the inoculation(s), or explain why you believe that you are immune from the disease. The applicant must sign, and return all documents for review. By completing and signing these waivers, you are stating that you are positive that you have received the inoculation and that you are confident you are protected from the disease or, in the case of any childhood diseases such as Mumps, Measles, or Chicken Pox (Varicella) you can provide comments about your personal history that indicates that you contracted the disease and successfully recovered from it. Your comments should include when/why you believe you were inoculated or any comments about your personal history regarding the disease(s).

Section 3: Voluntary Inoculations – Used for inoculations you have not covered in 1 & 2:

If you are not sure about the dates of inoculation or your protection from any of the diseases listed, CA-TF6 will provide inoculations to you at no charge. Indicate on the attached form any inoculations that you are willing to receive as a result of not being able to explain that you have been immunized or that you are protected.

Additional information regarding adult immunizations can be found on the internet at:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/06-07/adult-schedule.pdf>

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Section 1 - Immunization Records Verification

Instructions: 1. List your birth date. 2. Fill out blank spaces by inserting the actual date of inoculation, titer (antibody test) from records you have maintained.

If you do not know the actual date, leave the space blank and go to Section 2 and/or 3 to provide additional information.

Birth Date: _____

<u>Disease</u>	<u>Actual Date of Service</u>
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Hepatitis A (Series of 2)	Inoculation #1 _____
	Inoculation #2 _____

Hepatitis B (Series of 3)	Inoculation #1 _____
	Inoculation #2 _____
	Inoculation #3 _____
	Titer Date: _____

Did this titer indicate adequate protection? Yes____ No_____

Polio (series of 4)	Final Inoculation: _____
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Measles/Mumps/ Rubella – (MMR)	Inoculation: _____
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Tetanus/Diphtheria	Inoculation: _____
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Varicella (Chicken Pox) Inoculation: _____

I verify the above dates to be accurate and that I can provide records upon request.

Signature: _____

Printed Name: _____

Date Signed: _____

Please return all forms and waivers to:
US&R Program Manager

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Section 2 - Page 1 of 6 Inoculation Waiver - Polio

I am not able to provide documentation for the actual dates of inoculations for polio. In lieu of the actual dates of inoculation for polio, I hereby state that I received the required series of polio vaccine and am confident that I am protected from the disease.

The approximate year that I received the final inoculation:

Provide Supporting Comments for Year Indicated Above (Required):

Signature: _____

Printed Name: _____

Date Signed: _____

Additional information on polio can be found on the internet at:

http://www.cdc.gov/ncidod/diseases/submenus/sub_polio.htm

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Inoculation Waiver - MMR

I am not able to provide documentation for the actual date of inoculation for Measles/Mumps/Rubella (MMR). In lieu of the actual date of inoculation for MMR, I hereby state that I received the required MMR vaccine and am confident that I am protected from the disease.

The approximate year that I received the inoculation

Provide Supporting Comments for Year Indicated Above (Required):

Signature: _____

Printed Name: _____

Date Signed: _____

Additional information on MMR can be found on the internet at:

<http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/mmr/faqs-mmr-hcp.htm>

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Inoculation Waiver – Hepatitis B

I am not able to provide documentation for the actual dates of inoculations for Hepatitis B. In lieu of the actual dates of inoculations or titer for Hepatitis B, I hereby state that I received the required Hepatitis B vaccines and am confident that I am protected from the disease.

The approximate year that I received the inoculations or titer:

Provide Supporting Comments for Year Indicated Above (Required):

Signature: _____

Printed Name _____

Date Signed: _____

Additional information on Hepatitis B can be found on the internet at:

- <http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm>
- <http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm>
- <http://www.cdc.gov/ncidod/diseases/hepatitis/b/factvax.htm>

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Inoculation Waiver – Hepatitis A

I am not able to provide documentation for the actual date of inoculation for Hepatitis A. In lieu of the actual date of inoculation for Hepatitis A, I hereby state that I received the required Hepatitis A vaccine and am confident that I am protected from the disease.

The approximate year that I received the inoculations or antibody test:

Provide Supporting Comments for Year Indicated Above (Required):

Signature: _____

Print Name: _____

Date Signed: _____

Additional Information on Hepatitis A can be found on the internet at:

<http://www.cdc.gov/ncidod/diseases/hepatitis/a/index.htm#vaccine>

<http://www.cdc.gov/ncidod/diseases/hepatitis/a/afact.pdf>

http://www.cdc.gov/ncidod/diseases/hepatitis/resource/PDFs/hepa_01.pdf

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Inoculation Waiver – Tetanus/Diphtheria

I am not able to provide documentation for the actual dates of inoculation for Tetanus/Diphtheria. In lieu of the actual dates of inoculation for Tetanus/Diphtheria, I hereby state that I received the required Tetanus/Diphtheria vaccine and am confident that I am protected from the disease.

The approximate year that I received the inoculation

Provide Supporting Comments for Year Indicated Above (Required):

Signature: _____

Print Name: _____

Date Signed: _____

Additional information on Tentanus/Diphtheria can be found on the internet at:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-td.phd>

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Inoculation Waiver – Varicella (Chicken Pox)

I am not able to provide documentation for the actual dates of inoculation for Varicella (Chicken Pox). In lieu of the actual date of inoculation, I hereby state that I received the required inoculation for Varicella and am confident that I am protected from the disease.

The approximate year that I received the inoculation:

~~OR~~

I have known personal history of contracting Varicella (Chicken Pox).

The approximate year that I contracted Varicella: _____

Provide Supporting Comments for Year Indicated Above (Required):

Signature: _____

Printed Name: _____

Date Signed: _____

Additional information on Varicella can be found on the internet at:

<http://www.cdc.gov/vaccines/vpd-vac/varicella/default.htm>

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Section 3 - Voluntary Inoculation(s)

I am unsure of the inoculation date, my protection from disease, or my personal history regarding the diseases checked below and I would submit to receive an inoculation, or submit to a blood draw for titer, for immunization from:

_____ Polio

_____ Hepatitis B (Series of 3 inoculations given over a 6 month period, followed by blood draw titer to ensure that immunity is achieved)

_____ Hepatitis A (Series of 2 inoculations given initially and at 6 months)

_____ Measles/Mumps/Rubella (MMR)

_____ Tetanus/Diphtheria

_____ Varicella (Chicken Pox)

Signature: _____

Printed Name: _____

Date Signed: _____