



I authorize the following Physician/Physician's Assistant/Nurse Practitioner to release to GrapeTree Medical Staffing, Inc. and any of its client facilities or individuals any information acquired in my immunization records that is relevant to my employment.

\_\_\_\_\_  
Printed Examiner's Name and Title

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

**The following documentation must be completed in entirety or an official employee health record may be submitted. If dates cannot be provided, you must provide titers showing immunity.**

**Measles, Mumps, Rubella Immunization (MMR) Complete A or B**

A. MMR #1 \_\_\_\_\_ and MMR #2 \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

B. Positive Titers of all 3 Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

*Requirements: Two (2) doses of MMR or Positive titers of all three diseases per CDC guidelines*

**Varicella/Chicken Pox Complete A or B or C**

A. Disease History \_\_\_\_\_ B. Immunizations \_\_\_\_\_ C. Positive Titer \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

*Requirements: Documented history of disease, Two (2) doses of Varicella or Positive titer per CDC guidelines*

**Hepatitis B Series Complete A or B or C**

A. Hepatitis B Series 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

B. Positive Titer \_\_\_\_\_  
MM/DD/YYYY

C. *I do not want the HBV Vaccination at this time. Read and sign Vaccination Declination below.*

**Vaccination Declination**

**Federal regulations require that if you decline the HBV you must read and sign the following statement.**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me. U.S. Department of Labor, OSHA, Code: 1910.1030(f)(2)(i) Regulations (Standards -29CFR)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician/Physician's Assistant/Nurse Practitioner

\_\_\_\_\_  
Date