



Employee Health Vaccine and Screening Requirements

Requirement	Acceptable Documentation
Measles, Mumps, Rubella (MMR)	One of the following: <ul style="list-style-type: none"> • Documentation of 2 doses of MMR vaccine • Lab titer indicating immunity to Measles, Mumps, and Rubella
Varicella	One of the following: <ul style="list-style-type: none"> • Documentation of 2 doses of Varicella vaccine • Medical provider documented history of Varicella or Shingles • Lab titer indicating immunity to Varicella
Hepatitis B	One of the following: <ul style="list-style-type: none"> • Documentation of 3 doses of hepatitis B vaccine • Lab titer indicating immunity to Hepatitis B • Signed vaccine declination form
Tuberculosis (TB)	<ul style="list-style-type: none"> • Negative TB test • Signed risk assessment form annually
Tetanus, Diphtheria, Pertussis (Tdap)	One of the following: <ul style="list-style-type: none"> • Documentation of 1 dose of Tdap vaccine within the last 10 years • Signed vaccine declination form
Influenza	One of the following: <ul style="list-style-type: none"> • Documentation of Influenza vaccine (For the current season) • Signed vaccine declination form