



Areas of interest to me:

Art	_____	Special Projects	_____
Library	_____	Special Ed.	_____
Classroom	_____	Family Center	_____
Music	_____	Guest Speaker	_____
Office	_____	Tutor	_____
Physical Ed.	_____	Field Trips	_____
Health Services	_____	Tutor	_____



Volunteer Immunization Form

For your health and safety and that of our students, please provide information concerning susceptibility to Measles and Rubella. Please check the following statement for each disease and then sign.

MEASLES

1.  I was born prior to 1957 (age exemption).
2.  I have had Measles (you must provide lab results).
3.  I have been immunized (please provide an acceptable immunization record).
4.  Due to my physical condition, immunization presents a health risk at this time.
5.  I do not choose to be immunized due to personal or religious beliefs.

RUBELLA

1.  I am at least 45 years of age or older.
2.  I have had Rubella (provide lab results).
3.  I have been immunized (please provide an acceptable immunization record).
4.  Due to my physical condition, immunization presents a health risk at this time.
5.  I do not choose to be immunized due to personal or religious beliefs.

Please note that you are considered susceptible to Measles and/or Rubella if you checked (4) or (5) for one or both. You are also considered susceptible if you checked items (2) or (3) and have not provided acceptable documentation. In either case, if you are susceptible, it will be necessary to ask you not to volunteer in the event of an outbreak of Measles or Rubella.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

