

**2010-2011**

**IMMUNIZATION VERIFICATION**

In compliance with the Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunization against measles, rubella, diphtheria, and tetanus are current

Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Print Employee's Name: \_\_\_\_\_

Last Name:	First Name:	MI	Date of Birth:			
Address:		Phone:				
<b>Month/Day/Year Each Dose was Received</b>						
Type of Vaccine:	First Year Month/Day/Year 2 <sup>nd</sup> Month/Day/Year 3 <sup>rd</sup> Month/Day/Year 4 <sup>th</sup> Month/Day/Year 5 <sup>th</sup> Month/Day/Year					
Tetanus & Diphtheria (TD)	/	//	//	//	//	/
Oral Polio Vaccine (OPV)	/	//	//	//	//	/
Inactive Polio Vaccine (IPV)	/	//	//	//	//	/
Hepatitis B Vaccine (HBV)	/	//	//	/		
Measles, Mumps, Rubella (MMR)	/	//	/			
Measles, Rubella (MR)	/	//	/			
Influenza Vaccine	/	//	//	//	//	/
Pneumococcal Vaccine	/	//	/			
Other	/	//	//	//	//	/