## Occupational Health - Observer Attestation Form

Please read this form carefully and obtain the information requested from your primary care provider, student health service or any other source that can provide documentation of your childhood or current immunizations.

Any delays in the provision of this documentation, and failure to complete the steps outlined below, will delay your clearance to observe.

Please follow the steps below:



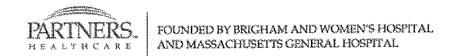
**B**ring proof of Immunity to Measles (Rubeola), Mumps, and Rubella. Immunity is defined as 2 MMR vaccines or blood work (titers) that indicate you are immune to these viruses.



Complete the TB symptom analysis and Flu vaccine attestation form below.



Present the completed form and proof of immunity to Measles, Mumps, and Rubella to your sponsor. Both of you will sign the form together attesting that the information is accurate and complete.



## Occupational Health - Observer Attestation Form

In order to promote and maintain a safe environment for our employees and patients, all prospective observers must complete this form and have the information verified by their sponsor.

All information will be handled in a confidential manner.

<u>Infori</u>	mation Required:		
I.	Vaccination Status:		
	Dates of MMR vaccination:	Date #1:	_ Date #2:
		OR	
	Rubella Titer: Date	Results	
	Rubeola Titer: Date	Results	
	Mumps Titer: Date	Results	
	Do you have a cough that has lasted longer than 3 weeks?  Have you spit up or coughed up blood?  Have you had an ongoing fever?		☐ Yes ☐ No ☐ Yes ☐ No
		hout trying?	
<i>III</i> . I agr	Do you sweat at night?  Flu Vaccine: I attest that I have to wear a surgical mask wh	nave received the Flu Vaccine on ten within 3 feet of a patient in a	If I have not been vaccinated,
Observer Signature:			Date
Spansor Signature			Date