# New Hire Measles Immunity Screening Form

**Employee Name:** _____ **Position:** _____

**Department:** _____ **Hire Date:** _____

**Date of Screening:** _____

## Presumptive Evidence of Immunity to Measles

The employee must meet **one or more** of the following criteria for presumptive evidence of immunity to measles.
**Instructions:** Check all applicable boxes and attach supporting documentation.

☐ **Option 1: Documentation of Vaccination**
The employee has written documentation of receiving **two (2) doses of a measles virus-containing vaccine** (e.g., MMR vaccine).

- First dose date: _____
- Second dose date: _____

Documentation reviewed and attached: ☐ Yes ☐ No

☐ **Option 2: Laboratory Evidence of Immunity**
The employee has laboratory evidence of immunity to measles demonstrated by a positive measles Immunoglobulin G (IgG) serology result.

- Date of laboratory test: _____
- Result: ☐ Positive ☐ Negative ☐ Equivocal*

*Equivocal results are considered negative and do not constitute evidence of immunity.
Laboratory report attached: ☐ Yes ☐ No

☐ **Option 3: Laboratory Confirmation of Disease**
The employee has laboratory-confirmed measles disease.

- Date of diagnosis: _____

Laboratory documentation attached: ☐ Yes ☐ No

☐ **Option 4: Birth Before 1957**

The employee was born before January 1, 1957.

- Date of birth: _____

Documentation reviewed: ☐ Yes ☐ No

**Screening Determination**
Based on the documentation reviewed, the employee has:

☐ **Presumptive Evidence of Immunity to Measles**

☐ **Does Not Have Presumptive Evidence of Immunity to Measles**
If no evidence of immunity is provided, offer the measles vaccine currently recommended by CDC.

**Employee Attestation**
I certify that the information and documentation provided are true and accurate to the best of my knowledge.

**Employee Signature:** _____ **Date:** _____

**Reviewer Verification**
I have reviewed the above documentation and verified the employee's measles immunity status.

**Reviewer Name:** _____ **Title:** _____

**Signature:** _____ **Date:** _____