Vaccine Preventable Disease Policy
Vaccination or Immunity Attestation

Section 1: (complete where applicable)

PRINT CLEARLY Name: (Last) ____________________________ (First) ____________________________

MSO / Employee / Volunteer Number: __________ Student’s/Contractor’s Affiliation: __________

Status: (place and “X” by ONLY one)

___ Physician/AHP ___ Employee ___ Contractor ___ Student
___ Volunteer ___ Resident ___ Fellow ___ Other

(Credentialed Clinicians ONLY) “X” all Memorial Hermann location(s) where you will or have privileges:

___ Greater Heights Hospital ___ Bay Area Endoscopy Center ___ Surgery Center - Richmond
___ Katy Hospital ___ Endoscopy Center North Loop ___ Surgery Center – Southwest
___ Memorial City Medical Center ___ North Houston Endoscopy & Surgery ___ Surgery Center – Sugar Land
___ Northeast Hospital ___ Texas International Endoscopy Center ___ Surgery – Texas Medical Center
___ Rehabilitation Hospital of Katy ___ Doctors Outpatient Surgicenter ___ Surgery Center – West Houston
___ Southeast Hospital ___ Memorial Village Surgery Center ___ Surgery Center – The Woodlands
___ Southeast Hospital - Pearland ___ Prevention and Recovery ___ Surgery Center – Woodlands Parkway
___ Southwest Hospital ___ Surgery Center – Katy ___ Surgical Hospital First Colony
___ Sugar Land Hospital ___ Surgery Center – Kingsland ___ Surgical Hospital Kingwood
___ Texas Medical Center ___ Surgery Center – Kirby Glen ___ TOPS Surgical Specialty
___ The Woodlands Hospital ___ Surgery Center – Northwest ___ United Surgery Center Southeast
___ TIRR ___

Section 2: (complete all questions; place an “X” by the correct response)

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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1. **Hepatitis B**: Have you had one series of Hepatitis B vaccine and a positive Hepatitis B serum antibody or two series of Hepatitis B vaccine (6 total vaccinations)? . . . .

2. **MMR (Measles, Mumps and Rubella)**: Have you had two MM vaccinations and one rubella vaccination or had a positive titer for each? . . . .

3. **Varicella**: Have you had two doses of Varicella vaccination or one dose of Zoster vaccine or had a positive serum antibody Varicella titer? . . . .

4. **Tdap/Td (Tetanus, Diphtheria, Pertussis)**: Have you had at least one vaccination that included Pertussis and that vaccination was within the last 10 years? . . . .

5. **Influenza**: Have you had a seasonal flu immunization for the current Influenza season? (Oct – March) . . . .
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6. Are you at risk for another vaccine preventable disease, not listed above? .................

7. Are you aware if you have had a non-response to a vaccine or if you have no immunity to
any disease listed? ...........................................

   Please provide details for no immunity ______________________________________
   ______________________________
   __________________________________________

8. Are you currently registered with the state of Texas immunization database (ImmTrac)? .

In order to comply with Texas state law each Health Care Professional must provide to Memorial Hermann
any one or combination of four proof or exception options:

   (a) immunization records OR

   (b) titers indicating immunity OR

   (c) request an exception (religious, medical or reason of conscience) to the vaccine preventable
disease policy (please review policy for requirements if you select this option) OR

   (d) if you answered “yes” for questions 1 – 5 above, no further action may be necessary. If you
marked “no” to any question above you may report to any Memorial Hermann Occupational Health
clinic for titers or immunizations referenced within the Vaccine Preventable Disease Policy at no
cost to you.

I do hereby attest that the information above is true, accurate and complete to the best of my knowledge
and I understand that any falsification, omission or concealment of any material fact may subject me to
disciplinary action up to and including termination of employment, or suspension of privileges. Please
review the “Memorial Hermann Vaccine Preventable Disease Policy” for additional information.

Print Name: ________________________________________________________________

Signature: ____________________________ Date: ____________________________