



## MMR VACCINATION FORM

### MMR - (measles, mumps, rubella) Requirement

- MMR vaccination or
- A signed letter of declination or
- A positive titer

### Certification of MMR Inoculation

I, \_\_\_\_\_, hereby certify that I received an MMR inoculation on the following date: \_\_\_\_\_. It is required that documentation of that inoculation be attached to this form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dependable Staffing Signature

\_\_\_\_\_  
Date

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### Declination of MMR - (measles, mumps, rubella) Vaccinations

I, \_\_\_\_\_, understand that due to my occupational exposure I may be at risk of acquiring measles, mumps or rubella. I have been given the information by Dependable Staffing regarding these risks. However, I decline the MMR vaccinations at this time. If in the future I continue to have occupational exposure and I choose to receive the MMR vaccinations, I will provide Dependable Staffing with the updated information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dependable Staffing Signature

\_\_\_\_\_  
Date