

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

REF-6869.1
July 28, 2017

ATTACHMENT B

SB 792 IMMUNIZATION CLEARANCE FORM

Name _____ Date _____
 Employee # _____ Volunteer DOB _____
 School/Department _____ Position _____

Senate Bill 792 signed into law in 2015 and effective September 1, 2016, requires employees and volunteers to be vaccinated against Measles, Pertussis (Whooping Cough), and Influenza, unless qualified for an exemption.

THIS SECTION TO BE COMPLETED BY HEALTH PROFESSIONAL

The physician listed below certifies my vaccination or immunity as follows:

Measles (MMR)	Pertussis/Whooping Cough (TDaP)
<input type="checkbox"/> Currently Immunized Date (mm/dd/yy): _____ <input type="checkbox"/> Vaccine Not Recommended Reason _____ <input type="checkbox"/> Adults born prior to 1957 are considered immune <input type="checkbox"/> Proof of Immunity (Titers Blood Test)	<input type="checkbox"/> Currently Immunized Date (mm/dd/yy): _____ <input type="checkbox"/> Vaccine Not Recommended Reason _____ <div style="text-align: center; background-color: #e0e0e0; padding: 5px;">Influenza</div> <input type="checkbox"/> Received Immunization: Date (mm/dd/yy): _____ <input type="checkbox"/> Vaccine Not Recommended Reason _____ <input type="checkbox"/> Declination <i>Include Declination Form Attachment A</i>

Health Professional's Signature: _____ **License #:** _____

Health Professional's Name: _____ **Date of Clearance:** _____

Health Professional's Office
Stamp Here

Return form to:

U.S Mail: LAUSD: Employee Health Services – SB 792
 333 S Beaudry Avenue, 14-110
 Los Angeles, CA 90017

Email: Employeevaccines@lausd.net
FAX: (213) 241-8918