



**URBAN SEARCH & RESCUE
CALIFORNIA TASK FORCE 4**

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Vaccination Documentation Form

FEMA USAR Directive 2005-008, Task Force Medical Screening, states the following:

“All Task Force members must be properly vaccinated and have current inoculations in their file unless medically contraindicated or documented refusal.”

It goes on to state:

“Documentation of MMR, polio, hepatitis A&B and varicella by reported history and signed by the Task Force member should be reasonable proof of vaccination if other documentation is not available.”

Please fill out and check either Part “A” or Part “B” below as they pertain to the above statements. After completing the appropriate part please sign at the bottom.

PART “A” ☐ (Check here if completing and submitting part A)

Vaccinations & TB screening:

- | | |
|---|-------------|
| <input type="checkbox"/> PPD (TB skin test) annually | Date: _____ |
| <input type="checkbox"/> Influenza A & B (seasonal) | Date: _____ |
| <input type="checkbox"/> Tetanus toxoid or Tetanus/diphtheria (Td) every 10 years | Date: _____ |
| <input type="checkbox"/> MMR | Date: _____ |
| <input type="checkbox"/> Polio (OPV or eIPV) | Date: _____ |
| <input type="checkbox"/> Hepatitis A and B | Date: _____ |
| <input type="checkbox"/> Varicella (or personal history of illness or prior antibody titer) | Date: _____ |

I am properly vaccinated. By checking this section and signing below, this is my reported history.

PART “B” ☐ (Check here if submitting part B)

I have read the above statements. By checking this section and signing below I document my refusal.

Task Force Member Name _____

Task Force Member Signature _____

Date _____