



**Measles/Mumps/Rubella (MMR) Vaccine Certification**  
**(Dentists, Dental Hygienists, Dental Assistants)**

I understand that Measles, Mumps, and Rubella are serious, vaccine-preventable diseases. Initial one of the four statements below.

\_\_\_ I have received the Measles, Mumps, and Rubella (MMR) vaccination on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_ I have had a Measles, Mumps, and Rubella (MMR) titer performed on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_ I have not received the Measles, Mumps, and Rubella (MMR) vaccination, but would be interested in doing so. I can receive the vaccination series at a local health department or my private physician's office on a fee for service basis.

\_\_\_ I decline the Measles, Mumps, and Rubella (MMR) vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring these diseases. I understand that there are blood tests (antibody titers) that I could take that would establish whether I am immune.

**Varicella Vaccine Certification**  
**(Dentists, Dental Hygienists, Dental Assistants)**

I understand that Varicella (Chicken Pox) is a potentially serious, vaccine-preventable disease. Initial one of the three statements below.

\_\_\_ I have received the Varicella (Chicken Pox) vaccination.

\_\_\_ I have not received the Varicella (Chicken Pox) vaccination, but would be interested in doing so. I can receive the vaccination at a local health department or my private physician's office on a fee for service basis.

\_\_\_ I decline the Varicella (Chicken Pox) vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring Varicella.

**Hepatitis B Virus Certification**  
**(Dentists, Dental Hygienists, Dental Assistants)**

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection. Initial one of the four statements below.

\_\_\_ I have received the Hepatitis B vaccination series on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_ I have had a Hepatitis B titer performed on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_ I have not received the Hepatitis B vaccination series, but would be interested in doing so. I can receive the vaccination series at a local health department, my private physician's office or at no charge through my employer.

\_\_\_ I decline the Hepatitis B vaccinations at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at a local health department, my private physician's office or at no charge through my employer.