



Self-Attestation of Childhood Immunizations for Adults

Name: _____

Date of birth: _____

I attest that I have been vaccinated against or have immunity to the vaccine-preventable childhood diseases listed below (ref. WAC 246-15-030), and have received all age-appropriate boosters for the same diseases.

- Chickenpox (Varicella);
- Diphtheria;
- German measles (Rubella);
- Haemophilus influenzae type B disease;
- Hepatitis B;
- Measles (Rubeola);
- Mumps;
- Pneumococcal disease;
- Polio (Poliomyelitis);
- Tetanus; and
- Whooping cough (Pertussis).

Employee Signature: _____

Date: _____

Employee Name (printed): _____