



# Kansas Search & Rescue Response System

## Member Inoculation Record

Name: \_\_\_\_\_

**Due to the potential exposure to blood or other infectious materials during task force operations the following immunizations are strongly recommended for all members.**

Please indicate your current status with each vaccination below.

TYPE	RECEIVED	YEAR (IF KNOWN)	DECLINED
Hepatitis B vaccine (full intramuscular series (3))			
Hepatitis A vaccine (full intramuscular series (2))			
Varicella vaccine (Chickenpox)			
MMR vaccine (Measles, Mumps, and Rubella)			
Polio vaccine			
Tetanus Toxoid or Tetanus/Diphtheria vaccine (within past 10 years)			
COVID-19 vaccine			

In addition to the vaccines listed above, a TB test is also recommended initially and following any potential exposure. A seasonal influenza vaccine is also recommended annually.

*By signing below, I verify that the information above is correct. I understand that declining any of the recommended vaccinations may put me at an increased risk of acquiring a serious disease or illness in the future. I further understand that I can choose to receive any of the declined vaccinations from a licensed health care professional at a later date and will be responsible for submitting an updated record.*

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_