



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: _____