

Campus: MSMC HOCC BMH

To be completed by your physician and any required immunization records should be attached.

VOLUNTEER NAME (print): _____ Date of Birth _____

MMR (Measles, mumps and rubella) **Two doses OR evidence of positive titer is required for all volunteers**

Date MMR #1: _____ Date MMR #2: _____ OR Date of positive titer _____

VARICELLA (Chickenpox) **History of disease OR 2 doses of vaccine OR evidence of positive titer required**

Date of disease _____ OR Dates of immunization #1 _____ #2 _____ OR Date of positive titer _____

Tdap: Proof of most recent dose of Tdap (Tetanus-Diphtheria-Pertussis) _____

INFLUENZA: Proof of flu vaccine during flu season (November – May) _____

Please note that Volunteers may request a vaccine exemption for the flu shot by applying to <https://redcap.hhchealth.org/surveys/?s=LTP7CAANWTCCJM3>. You must submit approval or denial to Volunteer Services before you can be "cleared" to start volunteering.

In the event that vaccination records are unavailable, you must have immunity verified through blood titers, and if necessary, you must be vaccinated prior to volunteering. Please inquire with the Volunteer Services staff for further instructions.

TB TESTING: One skin test or Quantiferon blood test completed must be within the last 12 months:

Date Given _____ Date read _____ Result _____

If TB skin test is positive (or volunteer has a history of a positive test or vaccination with BCG):

IGRA test result: _____ Date _____ If IGRA test is positive: Chest X-ray result _____ Date _____

If Chest X-ray is positive: Date treatment completed _____

Physician's Signature

Date

Physician's Address

Physician's phone number