

Volunteer Immunization and TB Screening Record

**All information and proof of immunity as indicated below
must be completed in order to process this form.**

Please print clearly

Name (Last, First, M.I.):	Date of Birth	Today's Date
<p>All persons working with patients or families, or routinely working in a building where patients are seen, must provide proof of immunity as indicated below. <i>*Form must be signed by your healthcare provider or you can attach your immunization and TB screening records.</i></p>		
<u>MEASLES (Rubeola)</u>		
<i>2 measles vaccines (measles or MMR) given after first birthday or positive blood titer</i>		
Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Measles Vaccine Date# 1:	<input type="checkbox"/> Measles Vaccine Date# 2
	<input type="checkbox"/> MMR Vaccine Measles, Mumps, Rubella Date # 1:	<input type="checkbox"/> MMR Vaccine Measles, Mumps, Rubella Date # 2:
	<input type="checkbox"/> Positive measles blood titer Date:	
<u>MUMPS</u>		
<i>2 mumps vaccines (mumps or MMR) given after first birthday or positive blood titer</i>		
Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Mumps Vaccine Date# 1:	<input type="checkbox"/> Mumps Vaccine Date# 2:
	<input type="checkbox"/> MMR Vaccine Measles, Mumps, Rubella Date # 1:	<input type="checkbox"/> MMR Vaccine Measles, Mumps, Rubella Date # 2:
	<input type="checkbox"/> Positive mumps blood titer Date:	
<u>RUBELLA (German measles)</u>		
<i>1 rubella vaccine (rubella or MMR) given after your first birthday or positive blood titer</i>		
Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Rubella Vaccine Date:	<input type="checkbox"/> MMR Vaccine Measles, Mumps, Rubella Date:
	<input type="checkbox"/> Positive rubella blood titer Date:	
<u>Varicella (chicken pox)</u>		
<i>Two vaccines or positive blood titer</i>		
Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Varicella Vaccine Date# 1:	<input type="checkbox"/> Varicella Vaccine Date# 2:
	<input type="checkbox"/> Positive varicella blood titer Date:	
<u>Tdap (Tetanus, diphtheria, and acellular pertussis)</u>		
Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Tdap Vaccine Date:	
<u>Influenza vaccine</u>		
<i>(Volunteers who apply from September – April <u>MUST</u> provide flu shot records for the current flu season)</i>		
Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Influenza Vaccine Date:	Type of Vaccine <input type="checkbox"/> Flu Shot <input type="checkbox"/> Flu Mist

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TB Screening
Two step TB skin test is required. Specifically, a TB skin test recorded within the preceding year can be used for the "first step"; another recorded within 3 month of start date can be used for the "second step."

TB skin test #1 (must be within the past year)	Date:	Result: _____ mm
TB skin test #2: (must be within 3 months of start date)	Date:	Result: _____ mm
OR TB blood testing: (must be within 3 months of start date) Name of Test:	Date:	Result: _____

For those with history of positive TB screening:

Date of positive TB test _____

Attach the completed Tuberculosis Review Questionnaire

Attach copy of post-conversion chest x-ray

Indicate treatment received _____

OPTIONAL:
Hepatitis B vaccination is not required but is recommended for Volunteers.
*****Please fill out the section below. If you decline the vaccine, you must indicate such below.*****

Hepatitis B
(Complete this section if you will have potential exposure to human blood or body fluids)

Immunizations & dates: Please check all that apply & date	<input type="checkbox"/> Hepatitis B Vaccine		
	Date 1:	Date 2:	Date 3:
	<input type="checkbox"/> Positive Hepatitis B blood titer Date:		
<input type="checkbox"/> Declination: Applicant understands the risks regarding Hepatitis B virus and elects to decline the vaccine			

Healthcare Provider Name: (Please print)		
Healthcare Provider Signature:		Date:

Visit www.chop.edu/volunteer for the most up to date volunteer information.