



VCU Health Form for Volunteers

INSTRUCTIONS TO VOLUNTEER:

- Complete your section.
- Have your physician or your Student Health physician (as applicable) complete and sign his/her section.
- Return the completed form to your department personnel administrator at VCU.

Due to infection control policies, VCU volunteer applicants must provide documentation of the following:

1. Two doses of MMR (Measles, Mumps, Rubella) vaccine.
2. Chickenpox or two doses of live Varicella vaccine.
3. TB Skin Tests: One TB Skin Test **must** be given and read within 30 days of beginning to volunteer. If it has been more than one year since you have had a TB Skin Test, you will need two skin tests – the initial test and, two weeks later, a follow-up test (in order to rule out false negative results).

NOTE: Up-to-date copies of immunization records can be attached to this form.

TO BE COMPLETED BY VOLUNTEER APPLICANT:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip +4: _____ Phone Number: () _____

I understand that providing documentation of the above-outlined health information is a condition of being permitted to volunteer at VCU. I authorize my physician or Student Health office (as applicable) to provide such documentation and to provide any vaccines or TB skin tests necessary to complete the requirements.

Volunteer Applicant Signature: _____ Date: _____

NOTE: If volunteer applicant is under age 18, a parent or guardian signature is required.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

Dates of MMR vaccine: (1) _____ (2) _____

Dates of Varicella vaccine (1) _____ (2) _____

Must provide proof of a positive Varicella (chicken pox) titer if has not received 2 doses of varicella vaccine.

Date of titer _____ (must provide a copy of the lab result)

Last Tuberculin skin test: date given _____ date read _____ result (in mm's) _____

If significant reaction, was chest X-ray done? If YES , give date: _____	Was treatment provided (INH Therapy)? If YES , give date: _____
---	--

NOTE: A TB Skin Test (TST) *must* be given within 30 days of beginning to volunteer. If it has been *more than one* year since the volunteer applicant's last TST, a two-step TST is needed (second test - two weeks after the first).

Date TST given: _____ Date read: _____ Results (in mm's): _____

Date of follow-up TST: _____ Date read: _____ Results (in mm's): _____

Print Name of Physician: _____

Signature of Physician: _____ Date: _____

TO BE COMPLETED BY SPONSORING DEPARTMENT:

Sponsoring Program: _____	Program Contact: _____	Contact Phone: _____	Date: _____
---------------------------	------------------------	----------------------	-------------