

VOLUNTEER MEDICAL FORM

NAME (print): _____ **DATE OF BIRTH** (YYYY/MM/DD): _____

Measles Mumps & Rubella Immunity: You must have documentation of 2 MMRs or Lab evidence

Please indicate the evidence of immunity

- MMR 1 Date: _____
 MMR 2 Date: _____
OR
 Laboratory evidence of immunity Date: _____

Varicella Immunity:

Persons need to have documentation of positive VZV serology or receipt of 2 doses of varicella vaccine.

Please indicate the evidence of immunity you will provide (only need to provide one):

- Documentation of 2 immunizations
Varicella Vaccine 1: Date: _____
Varicella vaccine 2: Date: _____
OR
 Laboratory evidence of immunity Date: _____

Mantoux (Tuberculosis) skin test with PPD/5TU Step 1: Date _____ Results _____
Step 2: Date _____ Results _____

An initial tuberculin skin test (Mantoux, 5TU PPD) is given. If this test result is 0-9 mm of induration, a second test is administered on the opposite arm at least one week and no more than three weeks after the first. The results of the second test should be used as the baseline in determining treatment and follow-up of these persons. A skin test result of 10mm or more of induration is considered to be significant

Persons who have had previous BCG (Bacille Calmette-Guerin) vaccine may still be at risk of infection and should be assessed with a Mantoux skin test. Person with a history of BCG vaccine who are tuberculin skin test negative, or who have not had a Mantoux test in the last six years should also be evaluated with a two-step skin test.

Chest X-ray (if **Mantoux is positive**): Date: _____ Results: _____

Physicians Name (print) _____ Physician's Signature _____
Address _____ Telephone _____
Date _____

Doctor, if you have questions regarding anything above, please call the Occupational Health Department at 416-323-6023.

I consent to release the above information to the Occupational Health Department, Women's College. I understand that no personal health information will be released by OHS without my express consent. Only my status regarding compliance or non-compliance with communicable disease protocols will be provided to the Department of Volunteer Resources.

Volunteers's signature _____ Date: _____