



100 Madison Avenue
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PATIENT ID
 HERE

HEALTH CERTIFICATE
(For Volunteers Born After 1956)

Volunteer Applicant Name: _____

Address: _____

Telephone Number: (_____) _____ / _____ / _____ DOB: _____ / _____ / _____

1. **Measles, Mumps, Rubella, and Varicella:** The CDC defines immunity to these viruses as one of the following: (1) appropriate immunization *, (2) positive titer, or (3) a physician diagnosed case of the illness. Given the above definition of immunity, please complete the following information for this individual.

Immunity:

Measles: Yes _____ No _____ Mumps: Yes _____ No _____

Rubella: Yes _____ No _____ Varicella: Yes _____ No _____

*Measles, Mumps and Rubella Vaccine (MMR): Two doses of live measles (or MMR) vaccine at least one month apart, or after his/her first birthday. Variella Vaccine: (Individuals who receive the vaccine between 12 months and years of age are required to only receive one dose of the vaccine. Individuals over the age of 13 should receive two doses of the vaccine 4 to 8 weeks apart.

2. **Hepatitis B Vaccine: This test is optional.** If you have given this patient the Hepatitis B vaccine, please record the dates that it was given.

1st Dose _____ / _____ / _____ 2nd Dose _____ / _____ / _____ 3rd Dose _____ / _____ / _____

3. **Tuberculosis Testing:** If you have ever placed a Mantoux Test (PPD) on this patient, please record the two most recent test dates and results. If positive, please provide documentation of a chest x-ray.

Date: mo/day/yr Amount Result (mm)

1. _____

2. _____

4. **Health Status:** To my knowledge this applicant:

a. Is free from contagious disease and capable of performing all volunteer assignments at an Atlantic Health hospital.
 Yes _____ No _____

b. If no, please list what precautions need to be taken and if the volunteer has any restrictions in her or his activities: _____

5. **Doctor's Name:** _____ **Doctor's Signature:** _____

6. **Doctor's Address:** _____

7. **Doctor's Phone Number:** (_____) _____

8. **Date Performed by Doctor:** _____ / _____ / _____