



# Volunteer Immunization Documentation

**Volunteer Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

Volunteers must provide written documentation of the immunizations or titers listed under the Required Immunizations section of this form, including dates. **Supporting documentation must be attached if this form has not been signed by your healthcare provider.**

## Required Immunizations:

**TB Skin Test (within the last 12 months):** \_\_\_\_\_  
Step 1 Date Result (mm)

\_\_\_\_\_ Result (mm)  
Step 2 Date

**Varicella (proof of disease is insufficient):** \_\_\_\_\_  
Date of IgG titer Result

**OR:** \_\_\_\_\_  
Vaccination 1 Vaccination 2 (if required)

**Measles, Mumps, Rubella (MMR):** \_\_\_\_\_  
MMR 1 MMR 2

Proof of 2 MMR vaccinations, 1 MMR and 1 Rubella vaccination, or proof of positive IgG titers required

**Rubeola:** \_\_\_\_\_  
Vaccination Date Titer Date / Result

**Rubella:** \_\_\_\_\_  
Vaccination Date Titer Date / Result

**Mumps:** \_\_\_\_\_  
Vaccination Date Titer Date / Result

## Recommended Immunizations:

**Hepatitis B:** \_\_\_\_\_  
Vaccination 1 Vaccination 2 Vaccination 3

**Tdap (with dT booster every 10 years):** \_\_\_\_\_  
Date

I hereby certify that I am a healthcare provider for the above identified person. I understand my patient is seeking the opportunity to serve as a volunteer at The Carle Foundation. The individual is current on the above mentioned immunizations.

**Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Carle Foundation is not requesting any genetic information in your response to this limited request for medical information. ‘Genetic information,’ as defined by the Genetic Information Nondiscrimination Act of 2008, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Such information is not responsive to this narrow inquiry regarding immunization and SHOULD NOT be provided.