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)

_____ _____
Step 2 Date Result (mm)

Varicella (proof of disease is insufficient):_____ _____
Date of IgG titer Result

OR:_____ _____
Vaccination 1 Vaccination 2 (if required)

Measles, Mumps, Rubella (MMR):_____ _____
Proof of 2 MMR vaccinations, 1 MMR and 1 Rubella vaccination, or proof of positive IgG titers required

MMR 1 MMR 2

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.

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