



Carle Foundation Hospital

VOLUNTEER IMMUNIZATION DOCUMENTATION

Student Name: _____

School Name: _____ Semester : _____

Students must provide written documentation of the immunizations or titers listed including dates.
(Immunization records from other facilities may be attached)

TB Skin Test:

(within last 12 months): _____
Date Given Result

Varicella (having the disease is insufficient): _____ **OR** _____
Date of 1st Injection Date of 2nd Injection Date of Titer Result

MMR (Measles, Mumps, Rubella)

Proof of 2 MMR's or 1 MMR and 1 Rubella: _____
Date of MMR 1st Date of MMR 2nd

Rubeola - _____
Injection Date Titer Date Result

Rubella - _____
Injection Date Titer Date Result

Mumps - _____
Injection Date Titer Date Result

Recommended Immunizations:

Hepatitis B: _____
Date of 1st Injection Date of 2nd Injection Date of 3rd injection

OR _____
Date of Titer Result

Tdap (with a dT booster every 10 years): _____
Date

This form is required for volunteering at Carle Foundation Hospital. No further documentation is necessary if this form has been completed by your physician or approved healthcare facility.

Medical Authorization Completed by: _____

Authorizing Physician's Office Address: _____

Phone: _____

-----**For Office Use Only**-----

Immunization Review Completed: _____ **Reviewed by:** _____

Not cleared at present Student needs proof of the following: _____

Cleared for clinical without restriction _____