



Volunteer Health Screening Form

Volunteer Name (please print): _____

Date of Birth (m/d/y): _____

Contact Information: _____

Site of Volunteer Placement: _____

Varicella (Chicken Pox) Screening Requirements	Vaccination Dates (enter dates here)	Blood Test Dates & Results
<p><i>Volunteer applicant is to provide evidence of immunity through:</i></p> <p><input type="checkbox"/> Self report history of Varicella infection; or</p> <p><input type="checkbox"/> Immunization Record (indicating two doses of Varicella vaccine, administered at least 28 days apart); or</p> <p><input type="checkbox"/> Serology blood work (e.g. lab results) indicating immunity to Varicella</p> <p><i>*refer to Varicella Flowchart for vaccination details</i></p>		
Measles, Mumps & Rubella (MMR) Screening Requirements	Vaccination Dates (enter dates here)	Blood Test Dates & Results
<p><i>Volunteer applicant is to provide evidence of immunity through:</i></p> <p><input type="checkbox"/> Immunization record (indicating two doses of MMR vaccination).</p> <p><i>*refer to MRR Flowchart for vaccination details</i></p>		





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Note: Volunteer applicants must be assessed for TB prior to placement. Youth between the ages of 14-17 years are required to provide signed parental/guardian consent to have TB testing performed

I consent for my son/daughter to have tuberculin (TB) testing for the purposes of volunteering at Eastern Health

Parent/Guardian Signature: _____ Date: _____

This section is to be completed by a health care provider (e.g. nurse, physician)

Tuberculin (TB) Screening Requirements	Test Dates	Results (reported in mm)	Signature of Health Care Provider (Confirming test completion)
<p><i>Applicants must provide evidence of a two-step TB test completed within 12 months prior to placement.</i></p> <p><input type="checkbox"/> One Step TB Test Confirmation</p> <p><input type="checkbox"/> Two Step TB Test Confirmation</p> <p><i>* The placement can commence with one negative TB test with arrangements made to complete the second as soon as possible.</i></p>			
<p><i>If the TB Test (conducted within or greater than the past 12 months) is positive, a documented negative chest x-ray (completed within 12 months of placement) is required</i></p> <p><input type="checkbox"/> Chest X-Ray Confirmation</p>			

