

Employee Health/ TEEN VOLUNTEER Information Form

Volunteers must be cleared by Employee Health prior to beginning volunteer service.
Employee Health Screening for teen volunteers includes: review of immunizations and follow up as needed.

Please complete this form *and*:

- **Provide documentation of immunizations from your Health Care Provider including: Measles, Mumps, Rubella (MMR), Varicella (Chicken Pox), Tuberculosis (TB), Hepatitis B.**
Blood work may be obtained if you do not have documentation or history of chicken pox, Hepatitis B or MMR

VOLUNTEER POSITION: Teen Volunteer

PLEASE PRINT:

NAME:

LAST

FIRST

MIDDLE INITIAL

STREET ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ DATE OF BIRTH: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS:

PHONE #: _____

PRIMARY CARE PHYSICIAN: _____ PHONE #: _____