

## Hartford Hospital Volunteer Services Immunization Documentation

If you do not have a record of your immunizations, you may have your physician complete this form. It must include the physician signature, mailing address and phone number.

In the event that vaccination records are unavailable or that immunity has not been verified through titers, you must be vaccinated prior to volunteering.

**VOLUNTEER NAME (print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**MMR** (Measles, mumps and rubella) **Two doses OR evidence of positive \*titer is required for all volunteers**

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Date MMR #1: \_\_\_\_\_ Date MMR #2: \_\_\_\_\_

OR Date of positive titer \_\_\_\_\_

**\*Titer testing or vaccine if necessary, must be obtained through a private physician at the expense of the applicant.**

**VARICELLA** (Chickenpox) **History of disease OR 2 doses of vaccine OR evidence of positive \*titer required**

Date of disease \_\_\_\_\_ OR Dates of immunization #1 \_\_\_\_\_ #2 \_\_\_\_\_

OR Date of positive titer \_\_\_\_\_

**TB TESTING** Date skin test given must be within the last 12 months: Date Given \_\_\_\_\_

\_\_\_\_\_ Date read \_\_\_\_\_ Result \_\_\_\_\_

If TB skin test is positive (or volunteer has a history of a positive test or vaccination with BCG):

IGRA test result: \_\_\_\_\_ Date \_\_\_\_\_

If IGRA test is positive: Chest X-ray result \_\_\_\_\_ Date \_\_\_\_\_

If Chest X-ray is positive: Date treatment completed \_\_\_\_\_

**\*Applicants cannot be cleared to report for volunteer assignments until all necessary immunizations have been completed.**

**FLU SHOTS (MANDATORY during Flu Season)**

Must be documented for any hospital volunteer who wishes to volunteer during the flu season (generally Oct – May).

Today's Date: \_\_\_\_\_ Date of last flu shot: \_\_\_\_\_ Lot #: \_\_\_\_\_

**COVID-19 VACCINE** Date of 1<sup>st</sup> dose \_\_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_\_ Date of Booster \_\_\_\_\_

Manufacturer \_\_\_\_\_

If completed by Physician:

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_