

Volunteer Immunization Record

Name of Volunteer: _____ Start Date: _____

Recommended Immunization for Volunteers:

To be completed by the Volunteers upon starting.

Please complete the below table and it reflects to the best of my knowledge my current immunization status.

	Yes	No	Natural Acquired	Unknown	
Hepatitis B					A basic series as a child or adult No reinforcing dose is required
Influenza					Annually, in the fall. Note: Any volunteer who has not received an influenza vaccine will not be permitted to work in any facility during an outbreak.
Measles/Mumps/Rubella (MMR)					2 doses given after the first birthday (for anyone born after 1957)
Poliomyelitis					A basic series as a child or adult No reinforcing dose is required
Tetanus and Diphtheria (Td)					A basic series as a child or adult No reinforcing dose every 10 years
Varicella (Chicken Pox)					Recommended if employee does not have a reliable history of disease.

Medical Certificate/Record of Vaccinations is provided (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Signature: _____
Date: _____

Volunteer Immunization status for the above Volunteer is:
<input type="checkbox"/> Complete (employee has all recommended immunizations) Medical Certificate / record is on file <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Incomplete If incomplete or unknown immunization status (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Employee encouraged to obtain missing immunizations <input type="checkbox"/> Employee has obtained missing immunizations or boosters and provided verification. <input type="checkbox"/> Facility's policy regarding accommodating volunteers who are not immunized or Incompletely immunized was reviewed with this employee Reviewed By: _____ Date: _____