

All Swedish Medical Center volunteers are required to provide immunization records. **All tests and shots are required to protect you and our patients!** Please note that this information is held in the strictest confidence, and will be used solely for health clearance purposes, and in the event of a perceived medical emergency. Please contact your primary care physician for any needed immunizations/vaccinations/titers.

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. #: _____

City: _____ Zip Code: _____

Phone: _____ Cell: _____

Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Immunization History – Proof of vaccination or immunity status is required for the following. You will need to provide a copy of that proof. Please check with your Primary Care Physician.

- Measles/Mumps/Rubella – Date: _____ (2 MMR vaccines or lab report showing positive titers)
- Chicken Pox/Shingles Vaccine – Date: _____ (2-chicken pox vaccines, Shingles vaccine, or lab report showing positive titers)
- Tdap (Tetanus, Diphtheria, and Pertussis) – Date: _____ (Must be Current and include Pertussis)
- Hepatitis B – Date: _____ (if not previously vaccinated, can sign declination and refuse vaccination)
- TB (Tuberculosis) Skin test results, or Quantiferon or T-Spot blood test results within past 12-months
- Date: _____ Result: Negative Positive
 - If you test positive for TB, we will need proof of a negative chest x-ray done in the last 2 years. A copy of the x-ray *reading* is proof. Do not present x-ray film or CDs.

Annual Requirement

- Seasonal Flu Vaccination – Date: _____
- Seasonal Flu vaccination required 11/1 – 03/31 annually/or if you decline you must wear a mask over mouth & nose at all times while in hospital. Please know masking requirement could be extended by CDC past 3/31. Some volunteer positions require the vaccination and do not allow the masking.

Medical History

Do you have any allergies, health or physical conditions that may restrict your activities? Yes No

Please explain here: _____

If there is any other information that we should be aware of with regard to your physical health or safety, or in the event of a medical emergency, please describe here _____