



# Community Resources Volunteer Immunization Status Record

<b>Volunteer Name:</b>	<b>D.O.B.:</b>
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**1. Mantoux (TB) skin test status**

A 2-step TB skin test is mandatory unless previously tested positive. (5 TUPPD 0.1 cc ID)  
CHEST X-RAY required if skin test is positive (unless contra-indicated for medical reasons)

**5 TUPPD 0.1 cc ID**

**Step 1**

Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Step 2**

Date: \_\_\_\_\_ Result: \_\_\_\_\_

**CXR**

Date: \_\_\_\_\_ Result: \_\_\_\_\_

**2. Evidence of immunity to Measles, Mumps and Rubella (MMR)**

2 doses of MMR vaccination or Laboratory evidence of immunity are required.

**Record of MMR Immunization**

1. Date: \_\_\_\_\_

2. Date: \_\_\_\_\_

**Laboratory evidence of immunity**

Measles: Date: \_\_\_\_\_

Mumps: Date: \_\_\_\_\_

Rubella: Date: \_\_\_\_\_

**3. Varicella Q 3 (chickenpox) Evidence of Immunity**

Verification of typical Varicella Q 3 by a healthcare provider: Initial: \_\_\_\_\_

Verification of Shingles by a healthcare provider: Initial: \_\_\_\_\_

No evidence of Varicella Q 3 or Shingle diagnosis; 2 Varicella Q 3 immunizations or laboratory evidence is required.

**Record of Varicella Q 3 Immunization**

1. Date: \_\_\_\_\_

2. Date: \_\_\_\_\_

**Laboratory evidence of immunity**

Date: \_\_\_\_\_

Result: \_\_\_\_\_

**4. Tdap vaccination**

TD last date of Immunization: \_\_\_\_\_

Tdap last date of Immunization: \_\_\_\_\_

**5. Hepatitis B vaccination (3 dates)**

1. Date: \_\_\_\_\_

2. Date: \_\_\_\_\_

3. Date: \_\_\_\_\_

**Laboratory evidence of immunity**

Hep B date Q 5: \_\_\_\_\_

**6. Allergies**

**7. Comments**

Date	Signature of Health Practitioner	Stamp of Health Practitioner

I, \_\_\_\_\_ agree to release the above information to  
to Occupational Health and Safety Department. I understand that the Community Resources Department will be  
informed on the status of my compliance.

Date	Signature of Volunteer	Signature of Witness
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