



Community Resources Volunteer Immunization Status Record

Volunteer Name: _____	D.O.B.: _____
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1. Mantoux (TB) skin test status

If proof of a Step 2 TB was done previously, only step 1 is required.
 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

OR

Laboratory evidence of immunity

1. Date: _____

Measles: Date: _____

2. 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

OR

Laboratory evidence of immunity

1. Date: _____

Date: _____

2. Date: _____

Result: _____

4. Tdap vaccination

TD last date of Immunization: _____

Tdap last date of Immunization: _____

5. Hepatitis B vaccination Status (Not a mandatory Immunization but Immunization status is required)

Laboratory evidence of immunity

Hep B date Q 5: _____ **OR**

Record of Hepatitis B vaccination

1. Date: _____ **OR** **Unknown status**

2. Date: _____

3. Date: _____

6. Allergies

7. Comments

Date	Signature of Health Practitioner	Stamp of Health Practitioner

I, _____ agree to release the above information 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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