

VOLUNTEER SERVICES HEALTH REQUIREMENTS

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Prospective Volunteers,

Medical clearance is required in order to be eligible to volunteer. The below documentation should be completed by your Provider and a copy of your vaccination record should be included with this form and submitted to Volunteer Services Dept. 7WT, Crouse Hospital, 736 Irving Ave, Syracuse, NY 13210. Phone (315) 470-7571 with questions. **If you choose to fax,** please use a fax cover addressed to "VOLUNTEER SERVICES". The fax number is (315) 470-5721. Be sure that any reports that you send have your first and last name.

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determined that he/she is free interfere with the performance		s of potential risk to patients or which might ding the habituation or addiction to depressan
Date of Examination	Time	Provider's Signature
Print Name		
of charge at Employee Health	Services nine days apart from each	rculosis are required. Both can be given free other. You need to return in 48-72 hours to hast year, you will then only have to receive one
for the rubella requirement		ons born prior to January 1, 1957 are exem
Date of rubella titer:	Results of titer:	OK
Rubeola (Measles) Persons b	orn prior to January 1, 1957 are ex	xempt for the rubeola requirement.
Date of 2 live vaccines:	and	OR
Date of 2 live vaccines:	orn prior to January 1, 1957 are example	OR
Date of 2 live vaccines: Date of rubeola titer: Mumps Persons born prior t	and and Results of tites to January 1, 1957 are exempt for t	OR r:or
Date of 2 live vaccines: Date of rubeola titer: Mumps Persons born prior to Date of 2 live vaccines:	and and Results of tites to January 1, 1957 are exempt for t and	che mumps requirement.
Date of 2 live vaccines: Date of rubeola titer: Mumps Persons born prior to Date of 2 live vaccines:	and and Results of tites to January 1, 1957 are exempt for t	the mumps requirement.
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Date of 2 live vaccines: Date of rubeola titer: Mumps Persons born prior to Date of 2 live vaccines: Date of mumps titer: Varicella (Chicken Pox) Hist Date of 2 vaccines:	and Results of titer to January 1, 1957 are exempt for t and Results of titer ory of Disease: Yes No and	che mumps requirement. OR COR COR COR COR COR OOR
Date of 2 live vaccines: Date of rubeola titer: Mumps Persons born prior to Date of 2 live vaccines: Date of mumps titer: Varicella (Chicken Pox) Hist Date of 2 vaccines:	and Results of titer to January 1, 1957 are exempt for t and Results of titer ory of Disease: Yes No and	che mumps requirement. OR CHOOK CH
Date of 2 live vaccines: Date of rubeola titer: Mumps Persons born prior to Date of 2 live vaccines: Date of mumps titer: Varicella (Chicken Pox) Hist Date of 2 vaccines: Date of varicella titer:	and	che mumps requirement. OR COR COR COR COR COR OOR
Date of 2 live vaccines: Date of rubeola titer: Mumps Persons born prior of Date of 2 live vaccines: Date of mumps titer: Varicella (Chicken Pox) Hist Date of 2 vaccines: Date of varicella titer: COVID-19 Date of 1st vaccine	and	che mumps requirement. OR CHARTER OR CHARTER OR CHARTER OR CHARTER OR COR COR