

**VOLUNTEER SERVICES HEALTH REQUIREMENTS**

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.

The following is a statement that a physical exam has been completed **within the last twelve months** and must be signed by a medical professional.

I have completed a physical examination for \_\_\_\_\_  
and I have determined that he/she is free from any health impairment which is of potential risk to patients or which might interfere with the performance of his/her volunteer activities, including the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances, which may alter the individual’s behavior.

\_\_\_\_\_  
Date of Examination      Time      Provider’s Signature

\_\_\_\_\_  
Print Providers Name

**Two PPD Mantoux skin tests or a Tuberculosis Gold for Tuberculosis are required.** Both can be given free of charge at Employee Health Services nine days apart from each other. You need to return in 48-72 hours to have your test read. If you have had a PPD skin test done within the past year, you will then only have to receive one.

**VOLUNTEER NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

- A copy of complete vaccination record is unable to be provided due to age of Volunteer.