Prospective Volunteers,

Medical clearance is required in order to be eligible to volunteer. Documentation of the following should be 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 name and "VOLUNTEER APPLICANT" printed on the bottom of the form.

1. 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 Name

2. **Two PPD Mantoux skin tests 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.

3. Rubella (German Measles) must have one of the following: **Persons born prior to January 1, 1957 are exempt for the rubella requirement**.
   Date of 1 live vaccine after 12 months of age: _____**OR**
   Date of rubella titer:_____results of titer:_____

4. Rubeola (Measles) **Persons born prior to January 1, 1957 are exempt for the rubeola requirement**.
   Date of 2 live vaccines:_____ and _____**OR**
   Date of rubeola titer:_____results of titer:_____

5. Mumps **Persons born prior to January 1, 1957 are exempt for the mumps requirement**.
   Date of 2 live vaccines:_____ and _____**OR**
   Date of mumps titer:_____results of titer:_____

6. Varicella (Chicken Pox) History of Disease: Yes____ No____**OR**
   Date of 2 vaccines:_____and _____OR
   Date of varicella titer:_____results of titer:_____

7. COVID-19 Date of 1st vaccine:_____2nd vaccine:_____

   VOLUNTEER NAME:_____DOB:_____