

VOLUNTEER SERVICES HEALTH REQUIREMENTS

Doc. #234 Revised 4/10/2025

Page 1 of 1

Prospective Volunteers,

Medical clearance is required in order to be eligible to volunteer. The below documentation should be completed by your Provider and a separate copy of your immunization and vaccination records 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

A Tuberculosis Gold for Tuberculosis is required. This blood draw can be completed free of charge at Crouse Health's Lab Alliance, located on the 3rd floor of the CNY building located at 739 Irving Ave. A script is needed and will be given during the Health office appointment. If you have had both a PPD skin test done within the past year, we will need documentation of this.

VOLUNTEER NAME: _____

DOB: _____

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