NYU Langone MEDICAL CENTER

Occupational Health Services, One Park Ave, 3rd Floor (212)263-5020

DEPARTMENT OF VOLUNTEER SERVICES MEDICAL FORM

1. This form is to be completed by your Physician, Nurse Practitioner or Physician Assistant.
2. Form should then be emailed to **nyuvolunteers@nyumc.org** for review.
3. If form is complete, clearance will be sent directly to **HRNTV@ nyumc.org.** Please allow 2-3 days ***after*** form is emailed and then call **Volunteer Services or e-mail HRNTV@nyumc.org** to ensure you are cleared. If clearance was not received please call us at (212) 263-5020.

Name _____ Phone #_____ Date _____

How long will you be volunteering? _____ Email address _____

Date of last exam _____ ***(within a year)*** Date of Birth _____ BP _____ P _____

Are there any medical problems of which we should be aware?

Are there any limitations on activities?

Medications taken:

Allergies:

TST# 1 - must be placed within 3 months of start date

Tuberculin Skin Test (TST): Date placed _____ Date read _____ Results: _____ mm

(if volunteering less than 3 months only 1 TST is required)

TST # 2 – must be placed at least one week after the first or provide date of TST done within the last year

Tuberculin Skin Test (TST): Date placed _____ Date read _____ Results: _____ mm

OR

CXR if TST+: Date _____ Results _____

MMR Dates: #1 _____ #2 _____ Tdap _____

Varicella Dates: #1 _____ #2 _____ Flu vaccine _____

(Flu season – (Oct-Mar)

OR (*attach lab report and/or indicate immunity for the following)*

Rubella immunity: Titer (date, result) _____

Rubeola immunity: Titer (date, result) _____

Mumps immunity: Titer (date, result) _____

Varicella immunity: Titer (date, result) _____

Hep B Surface Antibody immunity: Titer (date, result) _____ *(only required if handling blood)*

I certify that this patient is in good physical and mental health and is free of communicable disease. He/she is fully qualified medically to serve as a hospital volunteer.

_____ _____

Signature, MD/DO/NP/PA & License No. & Stamp **Date**