



**Volunteer Services Department
Volunteer/Job Shadow Student Medical Questionnaire**

Volunteer's Name: _____ Today's Date: _____
Date of Birth: _____

Address: _____ City: _____ State: _____

Home phone: _____ Cell phone: _____

The Occupational Health Services at Anna Jaques Hospital **must** be provided with some pertinent medical information concerning yourself or your child in order to maintain a safe working environment.

Primary Care Physician: _____
Allergies to Medications: _____
Volunteer Assignment: _____

Vaccine Preventable Diseases:

	History of Disease		Vaccine	
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	
MMR*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	#1Date: _____	#2Date: _____

*If your birth date is before 1957 you must provide proof of one (1) dose of MMR vaccine or serologic proof of immunity. If born after 1957, two (2) MMR vaccinations must be documented or positive blood titres will be accepted as proof of immunity to Measles, Mumps and Rubella. Titres will be drawn free of charge at Occupational Health.

MMR Titre _____

Given the state of vaccination requirements, it is preferable that you be vaccinated through your family physician. If it is not possible for you to obtain the necessary vaccinations through your family physician, please contact Occupational Health at (978)-834-8190.

ALL HOSPITAL VOLUNTEERS/JOB SHADOW STUDENTS will be TB tested upon entering the Volunteer force. If your TB test was done at another facility, you must provide proof to Occupational Health Services.

Last TB Test date: _____ Questionnaire if past positive TB test _____

Do you have any physical limitations or medical conditions of which we should be aware, for example, seizures or diabetes? _____

Cleared by Occ. Health _____ Date: _____



**Volunteer Services Department
Volunteer/Job Shadow Student Medical Questionnaire**

The Occupational Health Services, along with the Volunteer Services, appreciates your service to the Anna Jaques Hospital and we will provide whatever assistance we can in completing this process.

Thank you for your cooperation.

The Occupational Health Services of Anna Jaques Hospital

Volunteer Signature/Job Shadow Student
(or Parent's Signature if volunteer is a minor)

CONSENT

I hereby agree to participate in the Tuberculin screening program. _____ (initial)

I hereby agree to receive the Measles, Mumps and Rubella vaccine. I have read the information sheet provided. _____ (initial)

I hereby agree to _____ (Initial)

I hereby give permission for the above treatments for which I have initialed. I have been given the opportunity to read the information provided and to ask questions.

Signature _____ Date _____

Parent Signature _____ Date _____
(if volunteer is under 18)

Witness _____ Date _____