



Employee Health Service, 660 First Avenue, (212) 263-5020

DEPARTMENT OF VOLUNTEER SERVICES MEDICAL FORM

This form is to be completed by your Physician, Nurse Practitioner, or Physician Assistant. Return it in person only to the **Employee Health Service**. The **Employee Health Service** office is at 660 First Avenue, near the corner of E. 38th Street, on the second Floor. It is 3 1/2 blocks north of the hospital. If you are exiting the hospital onto First Avenue, make a right turn, and walk along First Avenue, the building will be on your right, just before the corner of East. 38th Street. They will give you a medical clearance form when all required tests are complete. Please call to make an appointment with **Employee Health Service** at (212) 263-5020. When you receive your clearance to volunteer, call the Volunteer Services department at (212) 263-6100 for an appointment.

Name _____ Date _____

Volunteer/Intern Work to be done _____

Date of last exam _____ 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:

A Mantoux PPD test or CXR and proofs of immunity to rubella and rubeola are required. Proof of varicella immune status is required.

PPD test: Date Read _____ Results (in mm. induration) _____ CXR, if positive (attach report)
A second test, placed at least on week after the first (and no more than 1 year after the first) is required (to identify slower responders)

Date Read _____ Results (in mm. induration) _____ CXR, if positive (attach report)

Proof of rubella immunity: Date of immunization: _____ or, Date and results of titer: _____

Proof of rubeola immunity: Dates of immunization: _____ or, Date and results of titer: _____

Proof of varicella status: Dates of immunization: _____ or, Date and results of titer: _____

Proof of mumps status: Dates of immunization: _____ or, Date and results of titer: _____

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