



Student Volunteer Immunization Review Form

All information must be completed. Immunization records are appreciated, but not in lieu of this form.

Name: _____

Required Immunization and Screening

1. MEASLES, MUMPS AND RUBELLA (MMR) Dates

MMR#1 _____ MMR#2 _____

Or

MEASLES (Vaccine or titer) _____

MUMPS (Vaccine or titer) _____

RUBELLA (Vaccine or titer) _____

Must provide documentation of **two** live measles, **two** mumps and **two** rubella immunizations (or serological evidence)

2. CHICKEN POX (VARICELLA)

Did you have the Chicken Pox? Yes No Unknown

If you received a titer, date of known serologic immunity? _____

If you answered "No" or "Unknown", you must receive the Varicella Vaccine prior to volunteering.

Received Varicella Vaccine Dates #1 _____ #2 _____

3. TUBERCULOSIS SKIN TESTING

UNC Health Care Policy requires all new volunteers to have a TB skin test within the past 12 months unless contraindicated. Please provide Volunteer Services with a copy of your TB results or have a health care provider document results below.

Placed _____ Strength _____ Lot# _____

Read _____

Result _____

mm of induration _____

If you have had a reactive PPD please provide the following information:

Size of induration of last PPD _____ Date _____

Chest Xray documentation _____ Date _____

Treatment with INH or other TB medications _____ How long? _____

Name of Health Care Facility _____

Health Care Provider Signature _____