

MEDICAL RECORD FOR VOLUNTEERS

PROOF of SEASONAL FLU VACCINATION: Please provide a copy of your Seasonal Flu vaccination report. Without proof of these vaccinations, you may be required to wear a medical mask while on site.

HEPATITIS B SCREENING

Fresh Start students and volunteers understand that due to the exposure to blood or other potentially infectious material, they may be at risk of acquiring Hepatitis B Virus (HBV) infection. It is Fresh Start's policy that students and volunteers take Universal Precautions to avoid such contamination.

Name: _____

Currently vaccinated against Hepatitis B: _____ YES _____ NO Dates of Vaccinations: _____

Signature: _____

Date: _____

If you are not currently vaccinated (or have not submitted to antibody testing to prove that you are immune) and decide not to arrange vaccination, sign the following waiver.

Hepatitis B Vaccine Declination

I understand that, due to my exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I am declining to arrange the Hepatitis B vaccination at this time and I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can discuss the vaccination series with my employer or arrange for it with my private physician.

Signature: _____

Date: _____

TUBERCULOSIS SCREENING

Most recent TB Skin Test: Date Given: ___/___/___ Date Read: ___/___/___ Result: ___ (mm of induration), Interpretation ___ negative ___ positive

** Chest x-ray (required if tuberculin skin test is positive) result: Normal ___ Abnormal ___ Date obtained ___/___/___

**INH therapy completed? ___ not indicated ___ no ___ yes (if "yes" dates of Rx ___/___/___ -- ___/___/___)

PARENT OR HEALTH CARE PROVIDER

I certify that the information provided above is accurate.

Name _____ Address _____

Signature _____ Phone (____) _____