

Dear Teen Volunteer:

We are pleased you have decided to volunteer your services at Lourdes Medical Center of Burlington County.

We care about your health and safety as well as that of the patients you may come in contact with. Therefore, it is imperative that we have documentation of your immunization status.

To be eligible to volunteer, you must complete the following questions and provide the required documentation from your physician **OR** obtain a **copy** of your immunization records, attach it to this form and return to the Volunteer and Hospitality Services department along with your application.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- |  |     |    |      |
|--|-----|----|------|
| 1. Have you had Chicken Pox?             | Yes | No |      |
| 2. If no, were you vaccinated (Varivax)? | Yes | No | Date |
| 3. Titer Herpes Zoster                   | +   | -  | Date |
| 4. Rubella Titer (If born after 1957)    | +   | -  | Date |
| 5. Rubella Titer                         | +   | -  | Date |
| 6. MMR given                             | Yes | No | Date |

Physician's Name

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date