

REQUIRED PAPERWORK/ IMMUNIZATIONS CHECKLIST

Please use this checklist to help you verify you have all the necessary forms. You must bring all these forms plus a copy of all your medical requirements to your check-in day.

- Coversheet and Acknowledgement Form
- Volunteer Agreement Form
- Elder Abuse Form Domestic Abuse Form Child Abuse Form
- HIPAA Privacy and Information Security Training Certificate Number _____
- CI-CARE Annual Online Training Certificate Number _____
- Safe Patient Handling Training Certificate Number _____
- Volunteer Services Training Certificate Number _____
- Radiation Safety Training Certificate Number _____
- Job Description
- Tdap (vaccine consent OR declination form)
- Medical Clearance form (ONLY For student who are under 18 years old)

TB – Tuberculosis skin test (Write the date next to the one you checked off)

- TB #1 Date Read: _____ TB #2 Date Read: _____ OR
- T-Spot blood test or Quanti-FERON-TB Gold Date Read: _____ OR
- Chest X-ray Date Read: _____

Measles, Mumps, & Rubella

- MMR #1 Date Given: _____ MMR#2 Date Given: _____ OR
- MMR Titer Date Read: _____

Varicella

- Varicella #1 Date Given: _____ Varicella #2 Date Given: _____ OR
- Varicella Titer Date Read: _____

Reviewed by Volunteer Coordinator: _____