



Volunteer/Auxiliary West Haldimand General Hospital

75 Parkview Road, Hagersville
ON N0A 1H0

Volunteer Record of Immunity

Name: _____ (Please Print)	Phone: _____
Address: _____ _____	Postal Code: _____

The following information and immunization is MANDATORY and must be completed by all volunteers. If you are unsure of any dates, please record as much information as possible.

1. TETANUS/DIPHTHERIA BOOSTERS (Required every 10 years)

Date of last booster _____

2. MEASES, MUMPS,RUBELLA (MMR)

Born before 1970 or Date of Vaccination: _____

3. TUBERCULOSIS (MANTOUX SKIN TEST):

Please complete the following section that applies to you:

1-Step Mantoux test (*results to be read two days later by a medical professional)

Date of test: _____ Results Negative Positive *Signature _____

Positive results

If you are or have tested **positive*** you will require a chest x-ray annually.

We require the result of one test.

Date of last chest x-ray: _____

You are BCG positive (you will still require a TB test) Turn over please →

Please note that you are responsible for returning this form to the Director of Volunteers once it is complete. If I am not in my office you may slip it under my door.

Signature: _____	Date: _____
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The following information is required if you have it completed and if you have record of it. Immunization for these I NOT mandatory and can be left blank if you have not received them.

HEPATITUS B IMMUNITY

- No
- Yes – Immunization Dates: 1. _____
2. _____
3. _____

Immunity Level: _____

Or – Lab Evidence- Date: _____

VARICELLA (CHICKEN POX)

Have you ever had chicken pox Yes No

ZOSTER (SHINGLES)

Have you ever had Shingles Yes No

POLIO IMMUNIZATION

Date of Immunization or last booster: _____