

**KERNAN ORTHOPAEDICS & REHABILITATION
DEPARTMENT OF VOLUNTEER SERVICES**

Special Instructions: Please take this form with you when you meet with Kernan Hospital's Employee Health Nurse. Health Clearance is **mandatory prior** to beginning any on site volunteer work. You will have your blood drawn to check your titers and a drug screening. Employee Health will also administer two (2) TB tests to you. If you have had a TB test done within the last six (6) months, please provide written documentation from your physician. Kernan Hospital provides all testing at no charge.

Volunteer's Name: _____

***If under age 18, parent/guardian signature is required for permission to give the TB test. Two TB tests will be administered. The test can not be given without consent.** A blood titer for chicken pox, measles, mumps, and rubella will be drawn. A urine drug test is also necessary.

Parent/Guardian Signature

Relationship

Date

Physical Assessment Form

_____ **PPD**

_____ **Measles**

_____ **Mumps**

_____ **Rubella**

_____ **Varicella**

_____ **Health History form**

_____ **Drug Screen**

Date: _____

Cleared by: _____

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