



To: Prospective volunteers born on or after **January 1, 1957**
Re: Immunization Documentation

Please submit the following immunization form to your physician. Upon completion, it should be returned to the volunteer office. You will not be allowed to report for your volunteer assignment until all the necessary immunizations have been completed.

Dear Physician:

In an attempt to discourage the spread of childhood diseases throughout the hospital community, we require **ALL** volunteers to provide documentation that they have been vaccinated for mumps, measles and rubella.

Regarding measles vaccination, Connecticut Children's Medical Center requires that all volunteers born on or after January 1, 1957, provide documentation of having been; 1) Infected with measles or, 2) Having received the MMR vaccine or measles vaccine twice after January 1, 1969 at 15 months of age or older.

Please review the records of your patient listed below, who has applied for volunteer work at Connecticut Children's Medical Center, and complete this form. In the event that vaccination records are unavailable or that the vaccinations for measles, mumps and rubella have not been received, your patient must be vaccinated prior to volunteering at Connecticut Children's Medical Center.

NAME: _____

DATE DPT SERIES: _____
DATE TETANUS OR T/D BOOSTER: _____
DATE MMR #1: _____
DATE MMR #2: _____

Were vaccinations after the age of 15 months? Yes No

Has the above patient had Chicken Pox? Yes No

Physician's Signature: _____

Date PPD #1 placed: _____
Date PPD Read: _____
Results of PPD: _____
Read By: _____

Date PPD #2 placed: _____
Date PPD Read: _____
Results of PPD: _____
Read By: _____

Signature: _____

Date: _____