

St. Luke's-Roosevelt Hospital Center Volunteer Department - Health Assessment Form

Date: _____

Note: Take this form with your immunization records to the **Employee Health Service Nurse**.
For St. Luke's Hospital, EHS is located on the 1st floor of the Clark Building (South East corner of 114th and Amsterdam) The Nurse is available to volunteers Monday through Friday 8AM - 4PM and Thursday 8AM - 12noon. The office is closed daily from 12:30PM to 1:30PM.

For Roosevelt Hospital, EHS is located on the 1st floor, Room 1M. The Nurse is available to volunteers Monday and Wednesday from 1:00 PM - 3:45 PM, and Friday from 9:00 AM - 11:45 AM.

TO BE COMPLETED BY APPLICANT

Name _____

(Last)

(First)

Address _____

(Street And Number)

(City)

(State)

(Zip Code)

Telephone () _____

(Volunteers Signature)

-----TO BE COMPLETED BY EMPLOYEE HEALTH SERVICES-----

Measles (Dose 1) _____ Measles (Dose 2) _____

(Date)

(Date)

Mumps _____ Rubella _____ MMR _____

(Date)

(Date)

(Date)

**Rubella immunity must be demonstrated on all applicants by either titers or vaccination.
Measles immunity must be demonstrated on all applicants born after January 1, 1957, by
either titers or vaccination. Titters is a blood test done by your medical provider.**

PPD: _____ Result Pos. _____ Neg. _____ Chest x-ray: _____
(Date Planted) (Date Read) (Date)

The PPD test can be done by the Employee Health Services nurse if the applicant is at least 18 years old.

Comments _____

Employee Health Services Clearance: _____ **Date:** _____