



Volunteer Resources Department – Allegheny Health Network (AHN)

Volunteer Proof of Required Immunity

Volunteer Name: _____

All volunteers must show documented results of a TB (tuberculosis) test within the past twelve months. The test is provided by AHN, or you can have it completed with your PCP. If you've had a TB test within the past twelve months, please provide documentation of your TB test to the Volunteer Resource Office.

Have you had the following childhood diseases or been immunized for each of the following:

Diagnosed

Chicken Pox	___ YES	___ NO
Mumps	___ YES	___ NO
Measles	___ YES	___ NO
Rubella	___ YES	___ NO

Immunized

___ YES	___ NO
___ YES	___ NO
___ YES	___ NO
___ YES	___ NO

I verify the information above is accurate to the best of my knowledge.

Volunteer Signature: _____ Date: _____

Signature of Parent/Guardian required if volunteer is less than 18 years of age.

Signature of Parent/Guardian: _____ Date: _____

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