



JUNIOR VOLUNTEER PHYSICIAN FORM

Duke Raleigh Hospital
(including Duke Wake County Cancer Center locations)

For Junior Volunteer		
Please bring this completed and signed form to their interview. This is the only health screen form needed. Please do not bring individual immunization records. Complete the information below before providing this form to your physician.		
Student name (please print)		
Date of Birth (##/##/####)		
Student's complete mailing address		
Physician Instructions		
This form is to be completed by physician only. All fields must contain the required information.		
All of the vaccinations listed below and a TB test within the past 12 months are required to volunteer within Duke Health. By my signature below, I certificate that this student has received all vaccines listed below and has had a negative TB test within the past 12 months.		
	Provider Initials	Date
2 varicella vaccines		
2 MMR vaccines		
TDAP vaccine (within last 10 years)		
Polio Vaccine		
TB test within past 12 months		
TB test read with negative result		
Signature		
Physician Name (please print)	Physician Signature	
Complete mailing address of medical practice	Phone #	