



## RETURNING JUNIOR VOLUNTEER PHYSICIAN FORM

For RETURNING Junior Volunteer		
<p style="text-align: center;">Please return completed and signed form by <b>Friday, February, 2019.</b></p> <p style="text-align: center;"><b>This is the only health screen form needed. Please do not bring individual immunization records.</b></p> <p style="text-align: center;">Complete the information below before providing this form to your physician.</p>		
Student name (please print)		
Date of Birth (##/##/####)		
Student's complete mailing address		
Physician Instructions		
<p><b>This form is to be completed by physician only. All fields must contain the required information.</b></p> <p>All of the vaccinations listed below and a <u>TB test within the past 2 years</u> 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 2 years.</p>		
	<b>Provider Initials</b>	<b>Date</b>
<b>2 varicella vaccines</b>		
<b>2 MMR vaccines</b>		
<b>TDAP vaccine (within last 10 years)</b>		
<b>Polio Vaccine</b>		
<b>TB test within past 2 years</b>		
<b>TB test read with negative result</b>		
Signature		
Physician Name (please print)	Physician Signature	
Complete mailing address of medical practice	Phone #	