



VOLUNTEER MEDICAL CLEARANCE FORM

A PHYSICIAN MUST COMPLETE THIS CERTIFICATE BEFORE APPLICANT MAY VOLUNTEER AT RARITAN BAY MEDICAL CENTER

Volunteer Applicant:
Address:

MANTOUX TEST REQUIREMENT

Mantoux Test #1 Date:	Results:
Mantoux Test #2 Date:	Results:
OR Quantiferon Blood Test Date:	Results:
If Positive TB Results CXRY Date:	Results:

INFLUENZA VACCINE REQUIREMENT

Influenza Vaccine:	During influenza season all volunteers are required to provide documented proof of vaccine administration. Volunteers declining the vaccine for medical or religious reasons must submit signed documentation from their physician or clergy.
Date of Vaccination:	

PHYSICAL AND EMOTIONAL HEALTH ASSESSMENT

The above volunteer applicant is free from contagious or debilitating disease?	YES	NO
The above volunteer applicant is able to transport and discharge patients and stock supplies (minimum 25lbs)?	YES	NO
The above volunteer applicant is able to perform extensive walking, sitting, bending, stooping and standing?	YES	NO
The above volunteer applicant is able to push carts for delivering packages and magazines and books?	YES	NO
The above volunteer applicant is able to push patients in wheelchairs for discharges (minimum 50lbs push/pull force)?	YES	NO
The above volunteer has no restrictions?	YES	NO
In my judgment, the applicant is both physically and emotionally stable, and there is no reason why the applicant should not be able to perform the tasks of volunteer activity at Raritan Bay Medical Center.	YES	NO

List Restrictions: _____

Physician Name: _____ Physician Signature: _____

Physician Address: _____ Date: _____

Please return completed form to: Raritan Bay Medical Center, Volunteer Services, 530 New Brunswick Avenue, Perth Amboy, New Jersey 08861 or fax to (732) 324-6079