



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

To Prospective Volunteers:

Once you have been selected for a volunteer placement, we ask that you provide the below medical documentation. Your immunization and vaccination information may be obtained from your doctor's office, student health center, previous employee health records, immigration documents, military service documents or travel vaccination records. You may also have your health care provider complete the attached medical form.

- **2 MMR** (Measles, Mumps, and Rubella) vaccine dates or positive titer results.
- **2 Varicella** (Chicken Pox) vaccine dates or positive titer results or health care provider documented disease.
- **Tdap** vaccine (not required/strongly preferred; includes protection against pertussis or whooping cough).
- **Tuberculosis skin test** (TST) results. Two skin tests, one within 12 weeks of starting to work and one within 12 months before that. TST results must include date given and read and the millimeter (mm) of induration. The form should be signed by the health professional reading the test with printed name, title, and contact number on his or her letterhead.
  - For those with prior positive TB skin tests, documentation of the positive TB test date with size (mm) of skin reaction/induration, a copy of a normal chest X-Ray report obtained after the diagnosis of positive TB skin test, and documentation of receiving TB medication counseling.
  - Other Tests for TB such as the QFT or T-Spot obtained via blood draws will be accepted or utilized on a case by case basis.

Documentation of the above requirements should be submitted to:

**Volunteer Services and Community Relations**

Boston Medical Center  
85 East Concord Street, 1<sup>st</sup> Floor  
Boston, MA 02118-2393  
617.414.7548 (fax)  
[volunteer.services@bmc.org](mailto:volunteer.services@bmc.org)



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Occupational & Environmental Medicine
Yawkey Ambulatory Care Building
Ground Floor
Boston, MA 02118-2393
Phone 617-638-8400
Fax 617-638-8406
occmcd@BMC.org

Boston Medical Center VOLUNTEER Immunization Form

Upon volunteer placement at Boston Medical Center, the following immunization and screening procedures are required and must be up to date before you can begin volunteering. You may have your school or physician complete this form or you may attach your immunization records to this form and submit it to the Volunteer Services Office. You must provide documentation for all of the following immunizations you have received.

Last Name, First Name: \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Table with columns: Immunization, Vaccine Date, Date of Titer Demonstrating Immunity, and MM. Rows include MMR no.1, MMR no. 2 or Measles 1, Measles 2, Mumps 1, Mumps 2, Rubella, Tetanus, Diphtheria, Pertussis (Tdap), Varicella (Chicken Pox), and Negative Tuberculin Skin Test.

MD/NP/PA Signature Print Name, State and License Number \_\_\_\_\_ Date \_\_\_\_\_

MD/NP/PA Address \_\_\_\_\_