



## Health Surveillance Clearance Form

**To: Volunteer Resources  
Trillium Health Centre**

Patient Name: ..... D.O.B: .....

- ☐ My patient has had a two step TB test and/or Chest X-Ray and is free of disease.
- ☐ My patient has known immunity to Measles, Mump, Rubella and Varicella

**OR**

- ☐ My patient's MMRV status is unknown at this time, as titre results are pending. I will administer appropriate immunization when results are known.

Physician Signature: ..... Date: .....

Phone number: .....

Stamp if available:

**Please give this completed form to your patient as soon as  
TB testing or X-ray results are available**

**OR**

**Fax to Volunteer Resources at (905) 804-7731**