

Student Volunteer Immunization Review Form

All information must be completed. We will not accept immunization records in lieu of this form and we do not have access to records at UNC or Student Health.

Name: _____

1. MEASLES, MUMPS AND RUBELLA (MMR) DATES

MMR#1 ____/____/____ MMR#2 ____/____/____

Or

MEASLES (Vaccine or titer) _____

MUMPS (Vaccine or titer) _____

RUBELLA (Vaccine or titer) _____

Indicate history of **two** live measles, **two** mumps and **two** rubella immunizations (or titer)

2. CHICKEN POX (VARICELLA)

Did you have the Chicken Pox? Yes ☐ No ☐ Unknown ☐

If you received a titer, date of known serologic immunity? _____

If you answered "No" or "Unknown", you must receive the Varicella Vaccine prior to volunteering.

Received Varicella Vaccine Dates #1 ____/____/____ and #2 ____/____/____
(everyone may not have 2nd vaccine)

3. TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS (Tdap)

Date received ____/____/____

4. FLU VACCINE DATE

UNC Health Care Policy requires all volunteers working from Jan-May to have a yearly flu vaccine.

Only for Spring Volunteering ____/____/____

5. TUBERCULOSIS SKIN TESTING

UNC Health Care Policy requires all new volunteers to have a TB skin test (or TB blood test) within the past 12 months unless contraindicated. Please provide Volunteer Services with a copy of your TB results or have a health care provider document results below.

Date Placed _____ **Strength** _____ **Lot#** _____

Date Read _____

Result _____ (in mm of induration)

If you have had a reactive PPD/IGRA (TB blood test) please provide the following information:

Size of induration of last PPD _____ Date _____

Results of TB blood test (IGRA) _____ Date _____

Chest Xray documentation _____ Date _____

History of BCG vaccine Yes _____ No _____ Place of birth _____

☐ Treatment with INH or other TB medications _____ How long? _____

For TB Test: Name of Health Care Facility _____
and Health Care Provider Signature _____