St. John's Riverside Hospital
Andrus Pavilion
Dobbs Ferry Pavilion
Park Care Pavilion
Michael N. Malotz Skilled Nursing Pavilion

Intern/Volunteer Physical Clearance Form

Please return form to the Volunteer/Staff Relations Department
FAX: 914-964-4379

Volunteer/Intern Name ____________________________________**Date** ____________________

Street Address ____

City/State/Zip ____**Phone** ____________________

(Name of Volunteer/Intern)_____________________________________ has given the Staff Relations Department your name as a medical reference. Please provide the following medical information. If you have any questions, please contact this department at (914) 964-4758. Thank you for your assistance.

PATIENT HISTORY:

	[Neg.]	Remarks
Medical Illness	[ ]	____________________
Mental Illness	[ ]	____________________
Allergies	[ ]	____________________

BLOOD WORK:

1. Rubella (German measles) : *Immune antibody titer,
   Date: ______________________Result: ___________________
2. Rubeola (measles): *Immune antibody titer
   Date: ______________________Result: ___________________
3. Mumps: *Immune antibody titer
   Date: ______________________Result: ___________________
4. Varicella: *Immune antibody titer
   Date: ______________________Result: ___________________
5. **Mantoux (PPD), Date______________________ Result: Neg __________ Pos _________________
   If positive, chest x-ray: Date _____________________ Result: ___________________
   Any further treatment? ______________________________

May this applicant work directly with patients? Yes_____________ No________________
Are there any limitations to the type of duties? Yes_____________ No________________
Are there any limitations of which we should be aware? If yes, please explain__________________________

____

Physician Information

____
Date Completed

____
Examining Physician (print name)

____
Signature of Examining Physician

____
Address and Phone Numbers
____
____

(PHYSICAL EXAM MUST BE WITHIN ONE YEAR OF APPLYING)
IF CHEST X-RAY NECESSARY, MUST BE WITHIN ONE YEAR OF APPLYING
****2-STEP PPD WILL BE NEEDED**
***PLEASE ATTACH LAB RESULTS**

vol clearance 08.doc