



Medical

Under New York State Regulations, it is a requirement that we obtain specific medical information on all individuals who are involved with residents at our facility. This not only benefits the health of our residents, but also each person working within the nursing home.

The following is a list of medical information that we will need to retain for our records. All information is handled in a confidential manner, and must be received prior to a volunteer start date.

We will need a copy of your most recent physical. Recent is defined as within the past 12 months.

We will need documentation of the two-step TB test, also within the past 12 months.

Or

If you have tested positive for tuberculosis in the past, a copy of the results from your annual chest x-ray are required.

We will require documentation of 2 MMR immunizations (measles, mumps, rubella)

Please complete the remainder of this form.

Name Date of Birth

Emergency Contact Phone # for contact

Your Primary Physician Phone # for Physician

Please list any medical condition or limitations that you wish to make us aware of that may affect you while at our facility.

Signature of Person completing this form Date