

ROBERT WOOD JOHNSON

UNIVERSITY HOSPITAL

PHYSICIAN'S FORM

CONFIDENTIAL INFORMATION (Kindly Print!)

Physician's Name: _____

Address: _____

Volunteer Applicant's Name: _____

Please be advised that the above applicant has applied for volunteer services not requiring medical training. Knowledge of a prospective volunteer's medical background is necessary for making a suitable assignment, not only for the applicant's protection, but also for the protection of the Hospital's patients. A prompt reply on this form will be appreciated and treated as confidential. **Please do not mail this form in. Please return back to applicant.**

1. How long have you known the applicant? _____

2. How recently have you seen the applicant professionally? _____

3. Does the applicant have any physical or emotional condition that we should know about before giving him or her an assignment? _____

4. Does the applicant have allergies, diabetes or another condition that we should be aware of before giving him or her an assignment? _____ If yes, please explain: _____

5. Test results, if not available, please attach immunization record:

*Rubeola/Rubella (needed if born after 1956) Date(s): _____

(*OR immunity status via titer w/treatment, if necessary: _____)

NOTE: Applicant Must Have Rubella/Rubeola Immunity in order to volunteer!!!!

****Mantoux #1 date: _____ Date read: _____ Results: _____**

****Mantoux #2 date: _____ Date read: _____ Results: _____**

Chest x-ray (if taken within 2 yrs) Date: _____

(If one Mantoux test has been performed within the past 12 months and negative results or negative chest x-ray report within the past 2 years) can be documented, it will be necessary for applicant to have a 2nd test as per hospital policy. If Mantoux testing has NOT been done in the past 12 months, the volunteer will need 2 (TWO) tests performed; the 2nd test is to be performed 2 weeks following the first). Kindly note the Hospital can provide both the Mantoux tests at no charge to the applicant.**

6. Do you recommend the applicant for the volunteer work? _____

7. Comments: _____

Thank you for your cooperation!

Signature: _____ Date: _____