



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# VOLUNTEER CLEARANCE

Health Assessment complete: \_\_\_\_\_  
Date

TB Test complete: \_\_\_\_\_  
Date

Immunization standards met     Yes             No

\_\_\_\_\_ HAS BEEN CLEARED TO VOLUNTEER.  
Name

\_\_\_\_\_ Date

Employee Health Staff

Date