



UnityPoint Health
St. Luke's Hospital

Volunteer Health Assessment
St. Luke's Hospital

Name _____ Dept. _____
Date _____ DOB _____

This is a health screening and is not intended to replace your annual physical by your local medical provider.

HT _____ WT _____ BP _____ P _____ T _____ R _____

HEART _____ LUNG _____

Infection control reviewed Yes _____ No _____ Instruction sheet given Yes _____ No _____

TB Gold: Negative _____ Positive _____ Indeterminate _____ CXR (if required) _____

Latex screen _____ TB Screen _____

Immunizations:

Hepatitis B: Doses complete _____ Series Completed _____

HBsAB: Positive Negative Date _____

Hepatitis A: Dose #1 _____ Dose #2 _____

Tetanus: Date _____

Measles: # 1 _____ #2 _____ Titer: Positive Negative

Mumps: # 1 _____ #2 _____ Titer: Positive Negative

Rubella: #1 _____ #2 _____ Titer: Positive Negative

Chicken pox: Vaccine#1 _____ Vaccine #2 _____ VZA _____ Positive Negative

Flu: Date _____ Healthcare Site _____ Exemption YES or NO

COVID:

1st Dose: Product Name _____ Lot # _____ Date _____ Healthcare Site _____

2nd Dose: Product Name _____ Lot # _____ Date _____ Healthcare Site _____

Recommendations/Limitations:

Examiner: _____ Date: _____