



Children's of Alabama

Immunization Record for Volunteer Service

Biographical Data:

Today's Date: Month ___ Day ___ Year _____

Name: (Last, First) _____

Date of Birth: _____ Last Four Digits of Social Security Number: _____

Cell Phone: (____) _____ - _____ Email: _____

Section 1: To be completed by you (confidential)

Have you been outside the United States in the past 21 days? ___ No ___ Yes

If yes, list where: _____

Have you had a contagious illness, skin infection, or open (non-healing) wound in the past year?

___ No ___ Yes, explain _____

I certify that the above information is true and correct _____

Signature

Section 2: To be completed by your health care provider

You may substitute your "blue form" certificate of immunization or your college health form for this information.

- **MMR Vaccine** Dose 1 _____ Dose 2 _____ or

Rubella (German Measles) IgG Antibody Titer Date: _____ Result: _____

Rubeola (Measles) IgG Antibody Titer Date: _____ Result: _____

- **TDAP** Date: _____

- **Varicella** (two vaccine series or Titer)

Vaccination (1) _____ (2) _____ or

Titer Date: _____ Result: _____

Provider Name (print): _____ Credentials: _____

Signature: _____

Address: _____

Phone: _____ Date: _____

Please return completed form by Fax to (205) 638-2080, or scan and email to frank.hrabe@childrens.org, or mail to the following address: Volunteer Services, 1600 7th Ave South, Birmingham, AL 35233

Failure to return the completed form within 30 days of making application to volunteer will result in you being ineligible to be considered for one year.