



Employee Health Services
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RPCI VOLUNTEER MEDICAL CERTIFICATION

Volunteer candidate instructions:

- Complete items 1-7 and sign the statement that follows.
- Have your Primary Physician sign the statement certifying that you are in good health and are able to volunteer.
- You must complete the PPD requirement prior to your start date.

1. First Name _____ Last Name _____ Date of Birth _____

2. Home Phone # _____ Work Phone # _____ SS# _____

3. Emergency Contact # _____ Name and Relationship _____

4. Have you ever had chicken pox? Yes No → Indicate chicken pox vaccine dates below:
 1) _____ 2) _____

5. Have you ever had the measles? Yes No → Indicate measles vaccine date: 1) _____ 2) _____

6. Have you ever had the mumps? Yes No → Indicate mumps vaccine date: 1) _____ 2) _____

7. Have you ever had a positive PPD (TB) test? No (if no, please complete C below)
 Yes (if yes, complete A and B below)

a.) Date/Result of chest x-ray _____ b.) Date completed treatment: _____

c) PPD #1 Date _____ Result: Negative Positive (size _____ mm)

PPD #2 Date _____ Result: Negative Positive (size _____ mm)

My signature verifies that the Information provided is accurate and grants permission to RPCI medical staff to render urgent care as deemed necessary, and to complete annual PPD testing or serologic testing as needed.

Volunteer's Signature*: _____ Date: _____

(* If under 18 years old, Parent/Guardian Signature: _____ Date: _____

Primary Physician Verification:

My signature certifies that this individual is free of contagious diseases and is able to volunteer at RPCI without restrictions/limitations.

Print Name _____

Signature: _____ MD/DO/PA/NP Telephone #: _____

Please fax completed form to 845-2904 or

Mail to: RPCI Employee Health Services, Elm & Carlton Sts. Buffalo, NY 14263