CHILDREN'S MERCY VOLUNTEER HEALTH FORM

Please check the appropriate box: □ Minor   □ Adult (18yrs+)   □ Adult with Guardian signature required (PAVE)

Are you a high school or college student registering for a student session: □ Yes □ No

Volunteer Information: *All fields are required		PLEASE PRINT or TYPE	
*Legal Name (Legal First) (Full Middle) (Legal Last)		*Gender (not required)*	*Race (not required)*
Preferred Name: (if different from above)		***Age**	***Date of Birth**

Health Documentation:
This section is to be completed by physician/health provider <u>or</u> by providing/attaching a printed record of your immunizations.

Your high school/college should be able to provide a record of your childhood immunizations

Please provide the following dates the individual referenced above received the following immunizations.

Measles, mumps, rubella (MMR) vaccination dates: #1____/____/____   #2____/____/____

Chicken Pox (Varivax/Varicella) vaccination dates: #1____/____/____   #2____/____/____

Tetanus Diphtheria Acellular Pertussis booster (Tdap):   ____/____/____

Influenza (Flu) (required annually if applying Sept-May):   ____/____/____

Covid-19 Vaccine (Please indicate if you have received this, including date(s) of vaccine and brand:
Brand_____   #1____/____/____   #2____/____/____

For the flu (if applying between September – May) and Covid vaccines, please provide documentation—such as a printed immunization record or screen shot

Physician/Healthcare Provider Info: (signature required <u>if you do not provide a</u> copy of immunization records)

_____	_____
Printed Name of Physician	Signature of Physician
_____	_____
Name of Medical Practice	Phone Number
_____	____/____/____ ___/___/___
Address/ City/State/Zip	Phone Date

Send Document(s) to:

Please return completed health form to Children's Mercy Volunteer Services Department. Call (816) 760-8864 with any questions

You may email us the form by sending to this email address: **volunteer@cmh.edu**

You may mail us the form by US mail: **Children's Mercy Hospital**
Volunteer Services Department, Attn: Onboarding Coordinator
2401 Gillham Road, Kansas City, Missouri 64108