

Encino Hospital Medical Center
Volunteer Services Department
Medical Clearance

Personal Information (to be completed by Volunteer candidate):

Name: _____ Sex: M F

Date of Birth (month/day/year): _____ Date of last physical exam: _____

Name of Primary Care Physician (PCP): _____ Phone: _____

Address of PCP: _____

List Current Medications You Are Taking: _____

Known Allergies: _____

I understand that it is mandatory for all volunteers to show evidence of being free of Tuberculosis prior to beginning any volunteer assignment and that proof must be provided annually. (In the absence of a current Tuberculin test and/or chest x-ray, I understand that the hospital will provide one at no cost to me.) I also understand that this completed Health Clearance form will be retained under separate cover in the Volunteer Services Department to meet compliance with State/Federal and other hospital regulatory agencies. I hereby authorize the physician listed above to release the following medical information to Encino Hospital Medical Center, Department of Volunteer Services, Attention of the Director.

Signature

Date

**TO BE COMPLETED BY PHYSICIAN,
 PHYSICIAN ASSISTANT OR NURSE PRACTITIONER**

Indicate with an "x" any evidence of the following:

	Yes	No		Yes	No
Angina	___	___	Neck, Back Problems or	___	___
Any Renal, Liver, Glandular	___	___	Any Spinal Injury	___	___
Disorder of Significance	___	___	Orthopedic Problem	___	___
Arthritis	___	___	Recurrent Skin Infections	___	___
Cardiovascular Disease	___	___	Respiratory Problems or	___	___
Congestive Heart Failure	___	___	Shortness of Breath	___	___
Diabetes-Control	___	___	Seizure	___	___
Fainting Spells	___	___	Tuberculosis History	___	___
Hearing Problems	___	___	Unstable Knees	___	___
Hypoglycemia	___	___	Vertigo	___	___
Infectious Disease	___	___	Visual Difficulty or	___	___
			Eye Problems		

Please turn over →

Current Medications: _____

Other Serious Illnesses: _____

It is mandatory that all volunteers show evidence of being free of Tuberculosis on a yearly basis. Such evidence is provided through a skin test. Volunteers with a negative skin test will need to complete a skin test yearly. If you have a history of a positive skin test in the past, then a chest x-ray needs to be completed the first year. Each subsequent year you will receive a symptoms questionnaire.

Tuberculin Skin Test

Chest X-ray

Type: _____

Result: _____

Result in mm of induration: _____

Date Given: _____

Date of x-ray: _____

Date Read: _____

By: _____

Recommendation:

The above named individual may be assigned volunteer duties/tasks and could perform a variety of tasks including: Performing errands which require walking intermittently within the hospital; climbing stairs; having direct patient interaction; pushing a patient in a wheelchair and lifting moderate loads up to 15 lbs.

May volunteer without restrictions

May volunteer with restrictions noted below

Remarks: _____

Physicians Signature

Date

Note: The final decision of an individual's acceptance into the volunteer program remains with the Director of Volunteer Services.

PLEASE RETURN TO:

Marketing Director
Encino Hospital Medical Center
16237 Ventura Blvd.
Encino, CA 91436