

**BAPTIST MEDICAL CENTER SOUTH VOLUNTEERS**

14550 St. Augustine Road, Jacksonville, Florida 32258 – 904/821-6080

**Please print:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your general health is: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_

**IMMUNIZATION HISTORY:**

Please check if you have had any of the following:

	<b>NO:</b>	<b>YES:</b> (approx. date)	<b>IMMUNIZATION:</b> (approx. date)
<b>Measles</b>			
<b>Chicken Pox</b>			
<b>Mumps</b>			
<b>Tetanus</b>			
<b>Hepatitis</b> (specify type)			
<b>Tuberculosis (TB)</b> <u>or</u> if POSITIVE TB Test provide date and results of last chest x-ray			
<b>Other</b>			

Are there any accommodations or limitations that you would like the Baptist South Volunteers to be aware of when assigning you to your area of volunteer service, including medical conditions that restrict your ability to hear, see, stoop, lift or push?

NO \_\_\_\_ YES (please specify): \_\_\_\_\_

Comments: \_\_\_\_\_

My responses are complete and correct:

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date