

Health Reference

For the wellbeing of our students and patients, it is important to have up-to-date records on the health of our volunteers.

Name of Student: _____

I certify that _____ is in good health and has no health condition that would prevent him/her from participating in Stamford Health's Volunteer Program.

- A copy of an updated immunization record within the last 12 months has been provided to the student.
- TB Test within the last 12 months
- Flu Vaccine for the current Fall Season

Signature of physician/nurse: _____ Date: _____