St. Jude Children's Research Hospital Immunization History

Complete this form by taking it to your healthcare provider, health department, or walk-in clinic. Return this completed form via email to volunteers@stjude.org or fax to 901-595-2720.

Do not send immunization records.

We can only accept this completed form with a clinician's signature.

Volunteer Information

Volunteer Name: _____ Birthdate:_____

Have you traveled outside of the country in the last 3 months? __Yes__ No

If yes, where & when: _____

Internal SJCRH use only:
Approved:
____Yes____No
Signature:
_____
Date:
_____

Primary Care Provider

Name: _____ Phone: _____

Name of Provider Office: _____

Address:_____

Must be completed by your health provider:

*If not completed by your healthcare provider, this form will **not** be accepted.*

Required:

CHICKENPOX (one of the following is required)

- ☐ Two doses of varicella vaccine: Date dose #1:_____Date dose #2:_____
- ☐ History of disease: Date of disease:_____
- ☐ Proof of Immunity: Titer date:_____Result:_____

MMR (one of the following is required)

- ☐ Two doses of MMR vaccine: Date dose #1:_____Date dose #2:_____
- ☐ Proof of Immunity: Titer date:_____Result:_____

TUBERCULOSIS (required within the last 12 months, check **one**)

- ☐ Negative TB skin test, Date:_____
- ☐ Negative T-Spot or QuantiFERON Gold test, Date_____

If positive, attach a clearance note that indicates volunteer is free of TB

INFLUENZA (required *as available* during flu season, annually)

- ☐ Date of most recent immunization: _____

COVID-19 (required)

- ☐ Manufacturer: _____ Date dose #1:_____Date dose #2:_____
  Booster Date #1:_____
  Please attach a photo of your CDC COVID-19 card.

Strongly recommended:

TDAP (required only once during adulthood)

- ☐ One-time adult dose of Tdap vaccine, Date: _____

Health Provider Confirmation:

*I confirm that the information provided on my patient*_____

Provider Printed Name	**Signature**	**Date**

Please email scanned copy to volunteers@stjude.org or fax to 901-595-2720.