

Please complete the following immunization/history section and provide vaccine history

| Immunization | Requirements | | | |
|--|---|---------------|--------------|----|
| Measles | Require proof of 2 measles-containing vaccines OR lab results indicating immunity | | | |
| Mumps | Require proof of 2 Mumps-containing vaccines or lab results indicating immunity | | | |
| Rubella | Require proof of 1 Rubella-containing vaccine OR lab results indicating immunity | | | |
| Varicella | Require proof of 2 Varicella-containing Vaccines or lab results indicating immunity | | | |
| Hepatitis B Antibodies | Require lab results indicating immunity | | | |
| Pertussis (Tdap) | Require proof of 1 Pertussis-containing vaccine. An adolescent requires routine booster dose. An adult, one additional booster dose | | | |
| Vaccine | Childhood | | Adult | |
| MMR vaccine | 1. | 2. | 1. | 2. |
| Measles only vaccine | | | | |
| Varicella Vaccine | 1. | 2. | 1. | 2. |
| Hepatitis B Vaccine | 1. | 2. | 3. | |
| Tdap Vaccine (Adacel/Boostrix) | Adolescent dose (17 years & under): Adult Dose (18 years & over): | | | |
| Titre Type | Date | Result | | |
| | | Immune | Non Immune | |
| Measles Titre | | | | |
| Mumps Titre | | | | |
| Rubella Titre | | | | |
| Varicella Titre | | | | |
| Hepatitis B Titre | | | | |
| Physician Signature: | | | Date: | |
| Physician Stamp: | | | | |
| Applicant please return completed form to: Volunteer Services, Scarborough and Rouge Hospital | | | | |
| <input type="checkbox"/> Centenary Site 1 st Floor, Room #1168 2867 Ellesmere Road Toronto, ON M1E 4B9 | | | | |