

Bristol Hospital Volunteer Services Medical Information

To Be Completed By Prospective Volunteer:

Name: _____ Telephone: _____

Address: _____ Birthdate: _____

Physician Name: _____

I authorize my medical information to be released to MedWorks, Bristol Hospital's Occupational Health Clinic.

I authorize my medical information to be released as a reference to MedWorks at Bristol Hospital.

(Volunteer Signature)

(Date)

To Be Completed By Physician:

The above named individual has applied to become a volunteer at Bristol Hospital and has listed your name as a medical reference. Please review this questionnaire and authorization and fax it to MedWorks at 860-589-1936 or mail it to: MedWorks, 975 Farmington Ave., Bristol, CT 06010). All information will be kept as a confidential medical file. Any comments you have are appreciated as they will enable us to properly place each individual.

1. May this applicant work directly with patients? yes no

2. Are there any restrictions on any of the performance-related requirements: pushing, pulling, standing? yes no If yes, please state reason: _____

3. In your professional opinion, is this person **free** from any health impairment which might interfere with his/her performance on the job or present a potential risk to patients and staff?
 yes no Comments: _____

Please Provide the Following Information: (Can be done by MedWorks free of charge)

-Flu vaccine Date given: _____ (seasonal requirement)

-PPD Date planted: _____ Date Read: _____ Results: _____ Signature _____

(Physician Name - please print)

(Physician Signature)

Address

Telephone Number