



# ST. CATHERINE OF SIENA *Medical Center*

50 Route 25A ♦ Smithtown, NY 11787  
Phone: (631) 862-3000 Fax: (631)862-3105

## EMPLOYEE HEALTH SERVICE IMMUNIZATION CERTIFICATE

Name (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status: Volunteer

**Instructions:** St. Catherine of Siena Medical Center's health and immunization standards are based on New York State Department of Health regulations. It is required that all persons working in hospitals have proof of immunity to Measles and German Measles. They must also be tested annually for TB.

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(to be completed by a licensed physician)

Physician's Certificate: MUST BE COMPLETED ANNUALLY

I have performed a physical examination such laboratory studies may be needed in order to ensure that the above-mentioned person is free from a health impairment which is a possible risk to patients or which might interfere with the performance of duties.

Physician's Signature: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

License # \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

	Date	
#1MMR	_____	
#2 MMR	_____	
History of Chicken Pox	_____	
PPD Skin Test	_____	Interpretation ____ mm induration