



**Referral to Campus Health Service-Hall Health
for Immunization/T.B. Screening**

Volunteers & Observers

INSTRUCTIONS: This form is to be used to refer School of Dentistry volunteers and observes to Hall Health Care Center. **Please phone ahead to Hall Health's Patient Service desk (206) 616-2495 or (206) 685-1018 to schedule an appointment with Marte McCadden.**

DATE: _____

TO: Hall Health Primary Care Center
Immunization Clinic
East Stevens Circle (Across from HUB - Upper Campus)
Box 354410 (206) 685-1018

FROM: **Department Administrator Completes This Section**

YOUR Name: _____
Department/Unit: _____
Telephone: _____
E-mail: _____
Box Number: _____

This will introduce: _____
(Last) (First) (M.I.)
who will be working in our Department as a volunteer.

ID Number: _____ Date of Application: _____

Signature of Department Administrator: _____

The volunteer/observer will pay for these screenings and immunizations:

Signature of Volunteer/Observer: _____

To Be Completed by Marte McCadden, Immunization Clinic

	Initials	Date
The volunteer/observer has been cleared.	_____	_____
The volunteer/observer needs to return on _____ (date)	_____	_____

CHS-HH will return completed form to the volunteer/observer.

Department Administrator: The returned clearance form should be forwarded to the SOD Volunteer Coordinator.