



Volunteer Medical Release Form

Please have your primary care physician complete this form. This document is strictly confidential.

Please print.

Volunteer Applicant Name

Date of Birth

Volunteer's Phone Number

Do you know of any physical, emotional or mental limitations that would interfere with the applicant's ability to function in a hospital atmosphere? Yes No

If yes, please elaborate: _____

If the applicant is born after 1957, are DPT, MMR and Chicken Pox immunizations up-to-date? **PLEASE ATTACH PROOF (RECORD OR TITER TEST)** Yes No

Additional Comments: _____

Printed Physician Name

Physician Signature

Date

Office Address

City

Office Phone Number

WellStar Health System

Please return to:

Department of Volunteer Services
3950 Austell Rd * Austell, GA 30106
470-732-3605 (phone) * 470-732-3977 (fax)

8/18/17