



Volunteer Medical Release Form

Kennestone Hospital / Windy Hill Hospital

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

Please print.

Volunteer Applicant Name Applicant Phone Number

is applying to volunteer at WellStar Kennestone Hospital.

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 Zip

Office Phone Number