



**Student Attestation Form
Department of Volunteer Services**

To be completed by Student:

Student's Full Name:

Student's Email Address:

Location of student's volunteer placement at Prisma Health:

Release:

I agree to allow Prisma Health Volunteer Services to provide my background check report and immunization information to Prisma Health Student Affairs Administration upon request.

Student's Signature:

Please email directly to Nancy Fowler, Nancy.Fowler@prismahealth.org.

To be completed by Prisma Health Volunteer Services:

I acknowledge the following:

- Volunteer Services has a clearance form on file from Employee Health attesting that the volunteer's immunizations are current as required by Prisma Health.

Please provide the date of health clearance:

- Volunteer's immunization source documents are available for review upon request by Prisma Health Student Affairs Administration for auditing purposes only.

Name of Volunteer Services staff completing this form:

Title:

Date:

Please email completed form back to the student to upload into mCE.