

Return this form to: AnnieAgrasto@Crouse.org



**Finger Lakes Donor Recovery Network
Organ Procurement Coordinator
New Applicant Checklist**

Name _____ Start Date _____

_____ Infection Control post-test

_____ Hold Harmless form

_____ Health Assessment within past year

MUST INCLUDE evidence of:

_____ Measles (Rubella) (2 MMRs or titer results)

_____ Mumps (2 MMRs or titer results)

_____ Rubeola (2 MMRs or titer results)

_____ Chicken Pox (Varicella) (history date or titer results)

_____ PPD (within past year)

_____ Annual Flu (voluntary)

_____ Covid (voluntary)

_____ CareExpress form

_____ Soarian Education attestation

_____ Annual Education attestation

Office use:

Crouse ID# _____ Notification sent by: _____ Date _____