

RONALD MCDONALD HOUSE CHARITIES, UPPER MIDWEST/ CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA: IMMUNITY REQUIREMENTS FOR VOLUNTEERS

Evidence of immunity is a requirement prior to volunteering in any capacity at Children's Hospitals and Clinics of Minnesota. Evidence of immunity is defined as *written documentation of*: (1) complete immunization record (i.e. copy of immunization record card, MIIC printout, copy of healthcare provider/clinic record of immunization) , **OR** (2) written statement from healthcare provider verifying disease diagnosis (i.e. in the case of chickenpox), **OR** (3) copy of laboratory result confirming disease or immunity (i.e. serology results).

Please complete the form below and return with written evidence of immunity when submitting your application.

To be verified & signed by healthcare provider:

Applicant Name: _____ **Date of Birth:** _____

Provider Name: _____ **Signature:** _____ **Today's Date:** _____

Ronald McDonald House Charities, Upper Midwest Volunteer Services:

Please submit records by email to volunteer@rmhtwincities.org

To submit records by mail, please send to 818 Fulton Avenue SE, Minneapolis, MN 55414, Attn: Volunteer Services

REQUIRED:

1. **TUBERCULOSIS** – one of the following is required:

- Negative Mantoux skin test **OR** negative Quantiferon Gold blood test within the last 12 months. Date: _____
- Negative chest x-ray (if done as follow-up for positive Mantoux) Date: _____
- Completed treatment of active disease. Date: _____

2. **CHICKENPOX*** (varicella) – one of the following is required:

- Written documentation of two doses of varicella vaccine. Date dose #1: _____ Date dose #2: _____
- History of chickenpox or shingles based on healthcare provider diagnosis. Date of disease: _____
- Laboratory confirmation of chickenpox disease or immunity to chickenpox. Date of lab test: _____

3. **MEASLES*** (rubeola) - one of the following is required:

- Date of birth 1/1/1957 or earlier.
- Written documentation of two doses of MMR vaccine. Date dose #1: _____ Date dose #2: _____
- Laboratory confirmation of measles disease or immunity to measles. Date of lab test: _____

4. **MUMPS*** – one of the following is required:

- Date of birth 1/1/1957 or earlier
- Written documentation of two doses of MMR vaccine. Date dose #1: _____ Date dose #2: _____
- Laboratory confirmation of mumps disease or immunity to mumps. Date of lab test: _____

5. **RUBELLA*** - one of the following is required:

- Date of birth 1/1/1957 or earlier
- Written documentation of one dose of MMR vaccine. Date: _____
- Laboratory confirmation of rubella disease or immunity to rubella. Date of lab test: _____

6. **PERTUSSIS*** – the following is required:

- One-time dose of Tdap vaccine. Date: _____

RECOMMENDED:

7. **INFLUENZA*** – the following is required at our RMH hospital sites

- Yearly** influenza vaccination during influenza season (generally October – April). Date of most recent dose: _____

8. **HEPATITIS B*** – please check one of the following:

- Written documentation of completion of vaccine series. Date dose #1: _____ Date dose #2: _____ Date dose #3: _____
- Laboratory confirmation of immunity to hepatitis B. Date: _____
- Immunity status unknown (please note: immunity by completion of vaccine series is strongly recommended)
- I understand that Hepatitis B vaccine is strongly recommended for healthcare workers and volunteers, but decline vaccination.

*CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011; 60(RR-7).