

Name: _____

Date of Birth: _____

Directions: Please take this form to your health care provider for completion. The lab tests needed when immunization records are not available may be costly, and you are responsible for payment. Please be diligent in getting your records from your private physician, school record or previous employer.

For Health Care Provider Completion: For this individual to qualify to volunteer at Lawrence General Hospital, there are minimal infection control standards that need to be met. **A list of the standards is on the back of this form. Please complete the form below with special consideration to the following:** If there is no evidence of measles and/or rubella immunity, please administer MMR or draw titer(s). For questions on form completion, 978-683-4000, ext. 2645. Thank You.

Signature of Health Care Provider: _____ Date: _____

A copy of your immunization records or your school health record is acceptable

Location: _____ Telephone: _____

Measles, Mumps, Rubella:	
For volunteers working in <input type="checkbox"/> Emergency, <input type="checkbox"/> Pediatrics, or <input type="checkbox"/> Maternal Child Health as <input type="checkbox"/> greeters or escorts	MMR #1 Date: _____ MMR #2 Date: _____
TDAP	
For volunteers working in <input type="checkbox"/> Emergency, <input type="checkbox"/> Pediatrics, or <input type="checkbox"/> Maternal Child Health as <input type="checkbox"/> greeters or escorts.	TDAP Date: _____
Chicken Pox/Varicella:	History of Chicken Pox: Yes ___ No ___
For volunteers working in <input type="checkbox"/> Emergency, <input type="checkbox"/> Pediatrics, or <input type="checkbox"/> Maternal Child Health as <input type="checkbox"/> greeters or escorts.	If No History: Titer: _____ or Vaccination Date: #1 _____ #2 _____
Hepatitis B Vaccine	Hepatitis B Vaccine Date # 1: _____
Required for volunteers with potential exposure to blood borne pathogens. <input type="checkbox"/> Provided by LGH if necessary.	Hepatitis B Vaccine Date # 2: _____ Hepatitis B Vaccine Date # 3: _____ <input type="checkbox"/> Or Declination Signed: _____
PPD/Tuberculosis Skin Test & Assessment Form	Date Planted: _____ Date Read: _____
Please see next page for options.	Result in MM: _____ Date TB Assessment Risk Form Received _____ Date Q-GOLD TB Blood Test completed _____
Flu Vaccine <input type="checkbox"/> Mandatory during Flu Season	Flu Vaccine Date: _____ Place: _____

Occupational Health, 2nd Floor, 25 Marston Street, Suite 204
 Lawrence, MA Monday – Friday, 8:30am – 4:00pm

Infection Control Standards for Health Clearance

Tuberculosis Screening and Chest X-Rays. *One of the following is required:*

- A. One (1) PPD Skin test within the *past 12 months and complete a TB Risk Assessment Form.*
- B. For individuals known to be PPD test positive, there needs to be a record of a negative chest x-ray report done by your physician.
- C. Receive the IGRA blood test such as the QuantiFERON – TB Gold blood test or T-SPOT TB.

Measles and Rubella Immunity. The following is required:

- A. Documentation of two MMR vaccines, or
- B. Proof of immunity to measles, mumps and rubella by titer (blood test done by your private Physician. Please note that you will be responsible for payment for this test.)

Hepatitis B Vaccine. For individuals who may be exposed to blood or body fluids during their experience at LGH:

- A. Documentation of the Hepatitis B series, or
- B. Positive antibody test for hepatitis B will be done our Occupational Health Department.

LGH will provide this vaccine free of charge to individuals who may be exposed to blood or body fluid during their work.

Chicken Pox: Anyone who does not have a history of chicken pox is **strongly recommended** to get the chicken pox (varicella) vaccine from his/her primary care provider. As an adult, chicken pox can be a very serious illness.

Flu Vaccine: 100% compliance during Flu Season, Usually October – April of every year.

Reference: MDPH Adult Immunizations; recommendations & requirements for 2017