



So good. So caring. So close.

Volunteer Health Screening

Name: _____ Date of Birth: _____

Directions: Please take this form to your health care provider for completion. ** A copy of your immunization records or your school health record is acceptable. 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: _____

Location: _____ Telephone: _____

Measles, Mumps, Rubella:		
For volunteers working in Emergency, Pediatrics, or Maternal Child Health as greeters or escorts	MMR #1 Date: _____	
	MMR #2 Date: _____	
TDAP		
For volunteers working in Emergency, Pediatrics, or Maternal Child Health as greeters or escorts.	TDAP Date: _____	
Chicken Pox/Varicella:	History of Chicken Pox: Yes ___ No ___	
For volunteers working in Emergency, Pediatrics, or Maternal Child Health as greeters or escorts.	If No History: Vaccination Date: _____	Titer: _____ or #1 _____ #2 _____
Hepatitis B Vaccine	Hepatitis B Vaccine Date # 1: _____	
Required for volunteers with potential exposure to blood borne pathogens. *Provided by LGH if necessary.	Hepatitis B Vaccine Date # 2: _____	
	Hepatitis B Vaccine Date # 3: _____	
PPD/Tuberculosis Skin Test - 2 step		
Must be within 12 months of start date or be replanted. -Steps can be 2 weeks apart *Provided by LGH if necessary.	<u>STEP 1</u> Date Planted: _____	<u>STEP 2</u> Date Planted: _____
	Date Read: _____	Date Read: _____
	Result in mm: _____	Result in mm: _____
Flu Vaccine Mandatory during Flu Season	Flu Vaccine Date: _____	

Continued on back

Occupational Health, 2nd Floor, 25 Marston Street,
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. Two (2) PPD Skin tests within the ***past 12 months***; or
- B. For individuals known to be PPD test positive, there needs to be a record of a negative chest x-ray report done.

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 – May of every year.

* Please refer to LGH Occupational Health Services Infection Control Policy
Reference: MDPH Adult Immunizations; recommendations & requirements for 2011