

CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA: VOLUNTEER IMMUNITY REQUIREMENTS

Evidence of immunity is a requirement prior to volunteering in any capacity at Children's Minnesota. Evidence of immunity is defined as *written documentation of:* (1) immunization record (i.e. copy of immunization record card, MIIC printout) , **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).

Below is a list of our immunization requirements. You can either submit your immunization records, OR have your healthcare provider fill out and submit this form (we do not need both).

Minneapolis Fax: (612) 813-6147 St. Paul Fax: (651) 220-6115

Email: volunteerservices@childrensMN.org (please indicate "Imms-Mpls" or "Imms-St. Paul" in subject line)

If verifying via this form, the following is to be completed & signed by healthcare provider:

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

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

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: _____

7. **INFLUENZA*** – the following is required of volunteers in patient care areas:

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

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