

**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).**

**Volunteer Services Fax: (612) 813-6147**

**Email: [volunteerservices@childrensMN.org](mailto: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:** \_\_\_\_\_

**\*Provider: when signing this form, please include your credentials (MD, PA, RN, etc.).**

**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).