

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 (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).