JUNIOR VOLUNTEER
HEALTH REVIEW

All new Fairview Health Services Volunteers will be screened for their immunization status and will be given appropriate tuberculosis testing by a Fairview Employee Occupational Health Nurse prior to training.

Please read the following information that explains the requirements for immunity and tuberculosis testing. Immunization records and blood test results indicating immunity status may be obtained from your schools, medical clinics or health departments.

IMMUNIZATIONS

- Rubella (German Measles), Rubeola (Red Measles) and Mumps
  - Documentation of 2 live virus vaccines on or after 12 months of age, or
  - Documentation of positive titer
- Varicella (Chicken Pox)
  - Documentation of 2 vaccines
  - Documentation of positive titer

If the varicella titer result indicates you are not immune and you are age 50+, you will be referred to your health care provider for the appropriate immunization. Volunteers who are not immune to chicken pox will be restricted from working with newborns or neonates and immunosuppressed or immunocompromised patients.

TUBERCULOSIS TESTING

Testing for the presence of tuberculosis is required of anyone working in the hospital or working with patients. This can be done either by a blood test or TB test. The nurse at the time of the preplacement review will determine which is appropriate for you.

- QGold is a FDA approved blood test for the detection of tuberculosis (TB) infection. QGold is a highly specific test and a positive test result is strongly predictive of tuberculosis infection.

- The 2-Step Tuberculin Skin Test (TST), otherwise known as a Mantoux, is administered to assess if you have ever been exposed to tuberculosis. It is a skin test given by a nurse on the inner aspect of the forearm and read 48 to 72 hours by a health care professional. The second TST will be administered 1 week after the first. You will not be cleared to work as a volunteer until the Mantoux test is read.

- If you have a history of a previous positive TB test the nurse will ask you several questions to determine the most appropriate TB screening.
PHYSICAL RESTRICTIONS
If you have any physical restrictions that would affect your ability to volunteer please bring a note from your health care provider explaining these restrictions. This information will be helpful to make an appropriate volunteer assignment.

JUNIOR VOLUNTEERS
A parent or legal guardian signed consent (below) is required prior to the health screening, TB testing, immunizations or to have blood drawn.

Junior Volunteer’s Name: ______________________________________________

Date of Birth: _________________________

Social Security Number: _________________________

Acceptance into Fairview Health Services Volunteer Program

I give my permission for my child to have TB testing, blood drawn as needed for compliance with infection control, immunizations as needed for compliance with immunization policies, and to be seen for first aid treatment by Employee Occupational Health Services if needed.

I understand Employee Occupational Health Services will notify me of positive TB test results and/or abnormal blood results.

I understand that I may revoke this consent at anytime and upon fulfillment of the above stated purpose, this consent will automatically expire without my express revocation twelve (12) months from the date of signature. I do not authorize further release to any third party except as required by law, for accreditation purposes or for medical emergency.

Signature: _______________ Relationship: _______________ Date: _______________

(Parent/Guardian signature required for volunteer less than 18 years of age)

These health policies have been developed by Fairview Employee Occupational Health Services in cooperation with Fairview Volunteer Services to protect the health and safety of volunteers, workers, visitors and patients

THANK YOU FOR VOLUNTEERING FOR FAIRVIEW!