

**University of Maryland Medical Center
Volunteer Clearance Form**

Volunteer name: _____ **Social Security Number:** _____

Department: _____ **Date:** _____

Section 1: Medical History

By signing this statement, I am certifying that to the best of my knowledge, I have 1) no long-term medical or psychological condition or 2) any other reason that might prevent me from safely working as a volunteer.

Volunteer signature _____

Or

I am under a doctor's or therapist's care for a long-term medical or psychological condition, and have a letter from him/her that I can safely and reliably work as a volunteer.

Volunteer signature _____

Section 2: Vaccine and screening required for all volunteers:

1. Measles, Mumps and Rubella: Has either:

___ Documentation of 2-shot vaccine series, or titers to show that they are immune

Otherwise:

___ Employee Health for titer and/or vaccinations

2. Varicella (chickenpox): Has either:

___ Documentation of 2-shot vaccine series, or

___ Documentation or self-report of having had chickenpox

Otherwise:

___ Employee Health for titer and/or vaccinations

3. Tuberculosis:

___ Previous positive TB skin test in past but report of negative chest x-ray in past 12 months (radiology report or physician's letter)

Otherwise:

___ Employee Health for TB screening (regardless of last reported TB skin test). May be required to have a chest x-ray at their own expense.

Section 3: Additional requirements for clinical volunteers only:

Hepatitis B:

- Reports 3-shot vaccine series in past, or
- Known physician-documented immunity but not currently infectious, or
- Referred to private physician to consider vaccination. Information on Hepatitis B vaccine given

Section 4: Parental Consent if under age 18

Parental Consent

This Consent must be signed by a parent or legal guardian of a minor (under 18 years of age) applying for a volunteer position at University of Maryland Medical Center.

I am the parent/legal guardian of _____ who has applied for a position as a volunteer at the University of Maryland Medical Center. By my signature below, I am consenting to University of Maryland Medical Center, Employee Health Services (“Employee Health”) performing a physical assessment of my minor child. I further consent to Employee Health drawing blood from my minor child as a part of the physical assessment to perform the required testing to determine his/her immunity status for Rubeola, Rubella, Mumps, Varicella, and to perform skin tests for tuberculosis. I understand that the need for vaccinations may be indicated if the results of these tests show inadequate titers (negative test result) for one or more of these diseases.

I am also consenting to a urine drug screen for my minor child which I understand is part of the pre-placement volunteer evaluation.

Parent or Guardian’s Name (Printed) Signature of Parent or Guardian

Date

*****To be completed by volunteer services. Form reviewed by:

Signature/Name