Health Clearance Information for Volunteers

Before you begin to volunteer you must complete the Children's Hospital & Research Center Oakland's Health Clearance which is required of all employees and volunteers. The Volunteer Health Clearance form may be used by Children's Employee Health Clinic or your own healthcare provider to document your tuberculosis (TB) and rubella, rubeola (measles), mumps and varicella immunity or you may provide other documentation that we can copy.

TB CLEARANCE

TB Clearance, which can be provided by Children's Employee Health or your own healthcare provider, consists of proof of TWO negative TB skin tests (PPD) within the last 15 months, one of which must be within the past 3 months. If you have proof of a positive PPD skin test, a negative chest x-ray in the last 12 months will be needed for clearance.

PPD Skin Test

If you have had a negative TB skin test within the past 15 months, bring written proof and you will need only one more test. The two-test requirement conforms to Children's Employee Health/Infection Control and CDC requirements.

If there is no reaction to the first TB (PPD) test, a second PPD is placed at least one week after the first test. This second test is read/interpreted by Children's Employee Health or your healthcare provider two to three days after it is administered. For example, you have the first test on a Monday, you return the following Monday for the second test (if there is NO reaction to the first), and then come in on Wednesday of that same week to have the second test read. If there is ANY reaction to the first test (redness or swelling) within three days, you must have it evaluated by Employee Health or your healthcare provider before receiving the second test.

TB tests and test readings are offered at no cost by Children's Employee Health Clinic located in Room 148 of the main hospital during these drop-in hours:

Monday, Tuesday, Wednesday & Friday: 7 to 9 a.m.
Monday, Wednesday& Friday: 2 to 3 p.m.

For the reading only: If you must come later than 3 p.m., after 4:30 you can ask the ambassador at the main entrance desk to have the on-call nursing supervisor paged to read the test. Be sure to bring the paperwork from Employee Health for the supervisor to complete.

NOTE: If you are under 18 years of age you must have written parental permission for the test. Forms can be obtained from the Volunteer Office.

Chest X-Ray

If you have ever had a positive TB skin test, you will always have a positive reaction. Employee Health requires that you provide written documentation of the positive PPD (including date, number of millimeters reaction) as well as results of a negative chest x-ray **within the last 12 months**. If you do not have proof of a positive PPD, you may be required to have further TB skin testing and/or x-rays.

Chest x-ray order forms are issued by Employee Health during drop-in hours listed above. There is no charge for the x-ray and it can be done Monday through Friday on a drop-in basis in the Diagnostic Imaging Dept. after you have obtained the order form and are registered.

MEASLES / MUMPS / VARICELLA CLEARANCE

You must provide written documentation of immunity to the following diseases. This is the responsibility of the volunteer and will not be done by Children's.

Rubeola (measles): Proof of immunity, demonstrated by vaccination with two doses of live measles containing vaccine (preferably MMR), one after the age of 4 or blood lgG test showing immunity to Rubeola.

Rubella (German measles): Proof of immunity, demonstrated by vaccination with rubella vaccine on or after your first birthday or with MMR, or blood lgG test showing immunity to Rubella.

Mumps: Proof of immunity, demonstrated by vaccination with two doses of mumps vaccine or two MMRs or blood lgG test showing immunity to Mumps.

Varicella (Chicken pox): Proof of immunity, demonstrated by verbal history of chicken pox verified by a health care provider, vaccination with two doses of Varivax or blood lgG test showing immunity to Varicella.

If you need both a TB test and MMR or Varicella immunization, the vaccine must be administered on the day of the final TB test reading or any time thereafter. The vaccine may cause a false reaction to the PPD test.

If you have either vaccination done before the TB test reading you will have to wait 4 weeks before having the TB testing repeated, which will delay your application process.

You can receive the MMR from your healthcare provider, student health service or Eastmont Wellness Center, 6955 Foothill Blvd., Oakland (appointment phone: 510-567-5700). Adult, non student, uninsured volunteers can speak with the Employee Health Clinic Nurse during drop in hours about additional options.

Volunteer Health Clearance

Name ______________________________ Date ______________

Date of Birth______________Telephone__________________________

TB CLEARANCE – May be done by your healthcare provider or at Children's. If you have the test(s) at Children's and you fail to come in to have it checked, you must be re-tested outside the Hospital, at your own expense. Please complete A or B.

A) If you have *ever* had a positive TB test, you must either show us documentation of a negative chest x-ray done within the last year OR have one done here at Children's. Also please answer the following questions:

1. Have you had a positive TB test? ☐ Yes Written documentation with date and mm of induration attached? ☐ Yes ☐ No
2. Report of chest x-ray done within the last year attached? ☐ Yes ☐ No
3. After your positive TB test were you given any medication (i.e. INH)? ☐ Yes ☐ No
4. If yes, name of medication __________How long did you take the medication? ☐ 6 months ☐ 1 year ☐ Other______

Chest x-ray: Date_______ Result______________________________

Clinician Signature ______________________________

Print name, title, and office/clinic stamp ______________________________

B) If you have *never* had a positive TB test, you must show us documentation of two negative TB tests within the last 15 months. Documentation can be your immunization card/record, on your medical provider's stationery, or your provider can use this form.

#1 TB Test (PPD): Date given _________ RFA/LFA Signature ______________________

Date Read_________ Result __________Signature______________________

#2 TB Test (PPD): Date given _________ RFA/LFA Signature ______________________

Date Read_________ Result __________Signature______________________

Clinician Signature ______________________________

Print name, title, and office/clinic stamp ______________________________

MEASLES/MUMPS/VARICELLA IMMUNITY – Must be completed and stamped by healthcare provider or attach written documentation

MMR (Measles/Mumps/Rubella vaccine): (1) Date ________ (2) Date _______ (after the age of four)

Varivax (Chicken pox vaccine): (1) Date________ (2) Date ________ OR

Rubella titer: Result________ Rubeola titer: Result________ Mumps titer: Result________ Varicella titer ________

Clinician name ______________________Clinician signature ______________________

Office/Clinic Stamp______________________________OR written documentation attached ☐

GENERAL HEALTH – We recommend awareness of the minimal risks in a hospital setting and suggest you consult your primary care provider or health service regarding:

- Being in good health and free of all contagious diseases.
- Having an adult Diphtheria-Tetanus or Diptheria-Tetanus-Petussis booster within the last 10 years.
- Pregnant women must have approval from their doctor to volunteer.

1. Have you had chicken pox? ☐ Yes ☐ No If unsure or checked "no," please obtain blood titer and/or vaccines.
   Do not enter any room marked "Airborne Precautions." If you are exposed to chicken pox or shingles or any other potentially infectious disease, notify Employee Health (510-428-3620, option #4).
2. Do you have a contagious disease? ☐ Yes ☐ No If Yes, please call Employee Health for an appointment (510-428-3620, option #4).
3. Do you have any health conditions that would restrict your full participation in Children's volunteer program? This includes back problems that might limit lifting. (Restrictions do not limit your ability to participate in the program but may restrict your specific placement.) ☐ Yes ☐ No If Yes, please call Employee Health for an appointment (510-428-3620, option #4).

FOR OFFICE USE ONLY:

CLEARANCE – *Form must be kept in Volunteer office or department during the volunteer's duration of service. TB, measles and general health requirements completion verified by (must be volunteer office, EH or dept. manager):*

Name (print)______________________________Title ______________________

Signature______________________________Date ______________________