



Volunteer Immunization/Infectious Disease Screening Requirements

Please obtain the following immunization documents for all volunteers. Submit collected documents to the Employee Health Nurse for review at least 3 business days prior to start date.

- **Measles (Rubeola), Mumps, Rubella (German Measles):**
 - ___ 2 MMR vaccines, **OR** the following:
 - ___ Measles lab titer showing immunity **AND**
 - ___ Mumps lab titer showing immunity **AND**
 - ___ Rubella lab titer showing immunity, **OR**
 - ___ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease(s) may be medically inadvisable (**each disease must be listed**).
- **Varicella (Chicken Pox)**
 - ___ 2 Varicella vaccines, **OR**
 - ___ Varicella lab titer showing immunity, **OR**
 - ___ Documentation of a history of having had varicella or herpes zoster (shingles) disease from a medical Provider, must include month and year of disease **OR**
 - ___ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease(s) may be medically inadvisable (**each disease must be listed**).
- **Hepatitis B (for those at risk for blood/body fluid exposure)**
 - ___ Hepatitis B vaccine x 3, **OR**
 - ___ Hepatitis B Surface Antibody showing immunity, **OR**
 - ___ A signed OSHA Hepatitis B Vaccine Declination Form.
- **Influenza Vaccine** (see Influenza Vaccination Policy and Procedure MDIH / BBRV Personnel)
 - ___ Influenza vaccine, annual dose **OR**
 - ___ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease may be medically inadvisable.
- ***Covid-19 Vaccination – (Recommended, not required):** Personnel are highly encouraged to be vaccinated and keep up to date with COVID-19 vaccines as soon as they are eligible per [CDC guidelines](#). We request proof of the following if available.
 - ___ Documentation of covid-19 vaccination(s) received if applicable **OR**
 - ___ A written statement from a licensed physician, nurse practitioner or physician assistant (MD, DO, NP, PA) that in their professional judgment, the immunization against the disease may be medically inadvisable, if applicable.
- ***TDAP** (tetanus diphtheria pertussis) – (*Recommended, not required*)
 - ___ 1 vaccine as an adult.
- **Tuberculosis Screening and Testing**
 - ___ Current* PPD/TST (Tuberculin Skin Tests) **OR** TB Blood Test **AND**
 - ___ Completion of the Baseline Tuberculosis Screening Form
 - If history of a positive TB test, or current positive TB test- provide documentation of a subsequent negative chest X-ray, and/or documentation of treatment. **Current is generally 1 year.*

Influenza vaccine and Tuberculosis screening is covered by MDIH for all volunteers and can be arranged through the Employee Health Nurse.

Submit collected immunization documents to Attention: Employee Health Nurse. Fax# (207) 288-8449.

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