



UNIVERSITY of MARYLAND MEDICAL SYSTEM

Volunteer Screening Form – Volunteer Services

Volunteer name: _____ Social Security Number: _____ (optional)

Department: _____ Date: _____

Section 1: Medical History

UMMS requires that volunteers be able to perform their volunteer duties in a manner that does not create a risk of harm to patients, employees, visitors, or other volunteers. By signing below, you certify that you have reviewed the duties for which you are volunteering and, to the best of your knowledge, are physically and mentally able to safely perform the functions of a volunteer.*

Volunteer signature _____

*Individuals who require accommodations to perform volunteer services should inform the volunteer office to discuss their options.

Section 2: Vaccine and screening required for all volunteers – to be completed by Volunteer Services or by Employee Health Services:

1. Measles, Mumps and Rubella: Has either:
 - Documentation of 2-shot vaccine series, **or**
 - Titer results for Measles, Mumps and Rubella showing immunity

2. Varicella (chickenpox): Has either:
 - Documentation of 2-shot vaccine series, **or**
 - Titer results for Varicella showing immunity

3. Tdap, Adult dose (Tetanus, Diphtheria and Acellular Pertussis) applicable only if working in high risk area: Mother Baby Unit, OBGyn Clinic, General Peds, PICU, NICU, Pediatric ED
 - Show evidence of Tdap vaccination (if available) and
 - Sign Tdap Declination form

4. Tuberculosis:
 - Previous positive TB skin test (TST) or positive blood test in past, requires proof of positive result **and both**
 - Completion of TB Screening Questionnaire (reviewed by EHS)
 - Report of negative chest x-ray from time of conversion or later (radiology report or physician’s letter) UMMS EHS does not provide services for x-rays., **or**
 - Evidence of negative TB skin testing (step one) (a TST must occur within 90 days prior to start) **and**
 - Evidence of negative TB skin testing (step two – can occur 1 – 3 weeks after step 1 placement), **or**
 - Evidence of negative TB blood test within 90 days prior to start, satisfies 2 step requirement

 - Referred to EHS for TB skin test /blood test or TB questionnaire (with proof of prior positive)

