



UNIVERSITY of MARYLAND MEDICAL CENTER

University of Maryland Medical Center Volunteer Screening Form – Volunteer Services

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 provided a letter to the volunteer office, from him/her indicating that I can safely and reliably work as a volunteer.

Volunteer signature _____

Volunteer Services Representative _____

Section 2: Vaccine and screening required for all volunteers – to be completed by Volunteer 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) UMMC 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)
 - 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)

5. COVID Vaccination:

- Evidence of primary series, or
- Evidence of Medical Contraindication using UMMC provided form (to be reviewed approved by EHS), or
- Evidence of Religious Exemption using UMMC provided form or documentation from Religious Leader on organization Letterhead (to be reviewed approved by Human Resources)

Section 3: Additional requirements for clinical volunteers only. Clinical areas include: All inpatient units and ICU's, Psychiatry units, Emergency Departments, Bloodmobile and Pathology.

Hepatitis B:

- Documentation of 3-shot vaccine series in past, **and**
- documented immunity by titers (if > 18, EHS will draw titers) or physician statement,
- or
- Signed Hepatitis B Declination form
- Referred to private physician to consider vaccination. Information on Hepatitis B vaccine provided

Section 4: Flu Vaccination (10/1 – 3/31):

All volunteers over age 18 working in the Medical Center between October 1 - March 31, must comply with the UMMC Seasonal Flu vaccination policy (HRM-114). The policy indicates that volunteers are required to be vaccinated annually against influenza unless there is a medical reason or a religious reason for declining flu vaccination.

- Evidence of Flu vaccination for the current Flu Season, or
- Evidence of Medical Contraindication using UMMC provided form (to be reviewed approved by EHS),or
- Evidence of Religious Exemption using UMMC provided form or documentation from Religious Leader on organization Letterhead (to be reviewed approved by Human Resources)

Flu vaccination is provided to volunteers free of charge by UMMC Employee Health Services.

DO NOT SIGN BELOW THIS LINE FOR VOLUNTEER SERVICES

To be completed by volunteer services representative.

Form reviewed by:

Signature/Name

Date