

## RWJBH

**TITLE: NEW VOLUNTEER Medical Clearance Policy****EFFECTIVE DATE: 10-29-2021****Corporate Care Policy #6**

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**APPROVED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Chief Medical Officer, RWJBH**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Senior Vice President, RWJBH Corporate Care**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Chief Medical Officer, RWJBH Corporate Care**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
 ( \_\_\_\_\_ )

**Attachments:**

1. New Volunteer Pre-placement Physical Checklist Attestation form.
2. CDC- Recommended Vaccines for Healthcare Workers and Healthcare Personnel.
3. Corporate Care/Employee Health Medical Clearance Form for New Volunteer Applicants.
4. New Volunteer Adult Vaccine Declination Form (with associated Restrictions).
5. New Volunteer- Consent and Authorization to Treat Form.
6. Latent TB Information sheet.

**Purpose:** The purpose of this policy is to promote the health and safety of the RWJBH New Volunteer staff; whose job duties may require them to access the hospital and come into contact with patients, hospital staff, hospital affiliated clinic patients, or other health-care personnel.

Volunteers are considered by the Centers for Disease Control (CDC) to be one of many types of health-care personnel (HCP). Because a Volunteer/HCP may have contact with patients or infective material from patients, they are at risk for exposure to (and possible transmission of) vaccine-preventable diseases. Employers (Hospitals) and Volunteers/HCP have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. Vaccine programs are therefore an essential part of infection prevention and control.

Optimal use of recommended vaccines helps maintain immunity and safeguard Volunteers/HCP from infection, thereby helping protect patients from becoming infected also. Implementation of the CDC's Advisory Committee Immunization Practices (ACIP) for Health-care Personnel can substantially reduce both of the following:

- the number of susceptible Volunteers in any setting in which they interact with patients, and
- the risk of Volunteers transmitting vaccine-preventable diseases to patients and other HCP.

Following are the current CDC recommendations for immunity and screening for all RWJBH New Volunteers (see Attachment #2 as well as the CDC web site [www.cdc.gov](http://www.cdc.gov) and NJ DOH):

1. Immunity to: hepatitis B, measles, mumps, rubella, varicella, pertussis, influenza (seasonal), and SARS CoV-2 (Covid19) viruses.
2. Initial tuberculosis (TB) infection screen for all: TBQ questionnaire and TB test.  
 Annual TB screening is only for those with untreated Latent TB infection (LTBI).

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Additionally, RWJBH strives for a drug/alcohol-free work environment and has drug free workplace policies in place. All New Volunteers are required to have an initial Urine Drug Screen test result on file that is negative for the following 10 drugs: Marijuana, Cocaine, Amphetamine, Methamphetamine, Opiates, Oxycodone, PCP (phencyclidine), Barbiturates, Benzodiazepines, and Methadone; performed in their affiliated RWJBH medical facility's Corporate Care / Employee Health clinic (CC/EH).

The above requirements are in compliance with the Joint Commission on Accreditation of Healthcare Organizations recommendations that Volunteers be held to the same standards as new hospital employees.

**Policy:** All RWJBH Volunteers are required to:

- Be compliant with most current CDC recommendations for Tuberculosis (TB) screening: tests and questionnaires, initially. Annual screening is only for high risk or untreated individuals with Latent TB Infection.
- Have "proof of immunity" to the respiratory contagious vaccine preventable viral diseases: Rubeola (Measles), Mumps, Rubella, Varicella, Pertussis, Influenza (seasonal), and Covid19.
- Be compliant with the OSHA Blood borne Pathogen (Hepatitis B) Standard:  
 The hepatitis B surface Ab (HepBsAb) titer lab test must be "Positive/Immune";  
 if HepBsAb is susceptible/nonreactive, then the Volunteer applicant must either:
  - start a hepatitis B vaccine series (and be compliant with same), or
  - sign the OSHA Hepatitis B Vaccine Declination statement.
- Have a negative urine drug screening test for the following 10 drugs: Marijuana, Cocaine, Amphetamine, Methamphetamine, Opiates, Oxycodone, PCP (phencyclidine), Barbiturates, Benzodiazepines, Methadone; performed in CC/EH clinic.

"Adult Volunteers" (greater than or equal to 18 years old):

- Those with medical insurance will have as many of the medical requirements as possible performed at their personal physician's office (PMD). If some medical requirements are not available through their personal physician, they may receive them at their affiliated RWJBH hospital Corporate Care/Employee Health clinic free of charge, by appointment, and must bring medical documentation of the requirements completed by their PMD to the appointment.
- Those without medical insurance may make an appointment at their affiliated RWJBH hospital Corporate Care/Employee Health clinic to have their medical requirements completed free of charge.

Minors (16 or 17 years old) "Teen Volunteer":

- Must have all their New Volunteer Pre-placement Physical Checklist attestation form completed by their personal physician, with one exception:
  - 16 and 17 year olds may have their TST/PPD(s) (tuberculosis screening skin test) performed at their affiliated hospital RWJBH Corporate Care/Employee Health clinic free of charge, if they request.

Minors (less than or equal to 15 years old) "Teen Volunteer":

- Must have ALL of their New Volunteer Pre-placement Physical Checklist attestation form completed by their personal physician.

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**Procedure:**

**I. All New Volunteers responsibilities:**

New Volunteers must initially have their Licensed provider (MD, DO, APN, or PA) complete all their medial requirements found in Attachment #1- New Volunteer Pre-placement Physical Checklist Attestation form, both Sections I. and II.

Note: Influenza and Covid19 Vaccines- All Volunteers must follow all current RWJBH Influenza and Covid19 vaccine Policies and Procedures.

The New Volunteer must provide the **completed and signed** New Volunteer Physical Checklist Attestation form (it must include both Section I. and II.), along with supporting medical documentation as indicated (e.g. immunization records, test results, etc.), to their RWJBH Facility's Corporate Care / Employee Health clinic (CC/EH).

Any tests or vaccinations not available in their PMD's office (as documented by their PMD's written statement), will be provided to the New Volunteer free of charge at their CC/EH clinic, as follows (after a negative urine drug screen is obtained):

> or = to 18 y/o: No limitations on testing or immunizations provided.

16 y/o or 17 y/o: only TB skin (PPD/TST) and urine drug screen tests can be provided.

15 y/o: only urine drug screen testing can be provided.

Prior to the urine drug screen collection, the New Volunteer must:

- Sign the New Volunteer- Consent and Authorization to Treat Form, see Attachment #5, and

Prior to receiving any vaccinations or TB, Covid19, or blood testing, the New Volunteer must:

- Have a negative urine drug screen test in CC/EH.

Note: Vaccine administration and declinations are performed in the same manner as for all new hospital employees and are compliant with hospital policies, Centers for Disease Control (CDC) recommendations, and the Advisory Committee on Immunization Practices (ACIP).

See Attachment #4 for the New Volunteer Vaccine Declination Form with restriction wording.

The New Volunteer is responsible for completing all recommended vaccination series and any follow up titer testing as recommended by the OSHA Blood borne Standard for Hepatitis B.

**III. The Volunteer Department's responsibilities:**

Ensure individuals with a diagnosis of possible Latent Tuberculosis Infection (LTBI), **untreated**, must **annually** have the following:

- Screening for signs and symptoms of active/contagious TB disease. Complete both part A (RISK Assessment) and part B (SYMPTOM Eval.) annually; see New Volunteer Physical Checklist Attestation form, Section II. If any symptoms are positive (yes), the Volunteer must immediately be excluded from all RWJBH Medical Facilities and referred to their Personal Physician or County Health Department to rule out active (contagious) Tuberculosis infection.

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- Be provided information on the risks and benefits of LTBI treatment, and instructed on what to do if they develop any symptoms of active/contagious TB disease; see Attachment #6 Latent TB Information sheet.

#### **IV. RWJBH Corporate Care / Employee Health (CC/EH) responsibilities:**

- A. Review for completeness each initial New Volunteer Physical Checklist attestation form and ensure it was completed and signed by a MD, DO, APN/NP or PA.
- B. Prior to performing a urine collection for drug screening, CC/EH must first obtain a signed Consent and Authorization to Treat Form, see Attachment #5.
  1. Specimens with non-negative results will be sent out for confirmation and any further evaluation will be postponed pending receipt of results.
  2. Dilute, out of temperature range, and suspected adulterated urine specimens (by color or odor) will be considered a failure and the Volunteer Director and HR will be notified. Note: If 'Negative-Dilute', inform individual and schedule them for repeat urine drug screen.
  3. Individuals with confirmed non-negative or failed drug screens will be temporarily excluded from the New Volunteer medical evaluation process; and the confirmed non-negative tests will be sent to the MRO. If the MRO determination is:
    - a. Negative- the Volunteer will be contacted and their medical evaluation will continue.
    - b. Negative (or Positive for marijuana) w/Safety Sensitive concerns - CC/EH will place the following restriction/limitation on any future Volunteer Medical Clearances: No Safety Sensitive Job Tasks where decreased alertness may adversely affect Volunteers, Employees, patients, others, or departmental functioning (e.g. administering medications, patient handling, responding or participating in Code/Emergency situations, driving company vehicles, working at heights, climbing ladders, etc.)
    - c. Positive (for all drugs other than marijuana)- the Volunteer applicant will not be medically cleared to Volunteer at a RWJBH medical facility.
- C. Once a negative urine drug screen is obtained, then CC/EH can provide the additional testing or vaccinations listed by the New Volunteer's PMD, that was not available in their office (or if New Volunteer does not have any health insurance), according to the following:
  - ≥ 18 y/o: No limitations on testing or immunizations provided.
  - 16 or 17 y/o: only TB skin (PPD/TST) and urine drug screen tests can be provided.
  - 15 y/o: only urine drug screen testing can be provided.
- D. Upon successful completion of all the New Volunteer Health requirements and a negative Drug Screen, the RWJBH Corporate Care/Employee Health clinic staff will:
  1. Complete the New Volunteer Medical Clearance Letter for the Volunteer Director; Attach #3; and scan all forms/medical records into Agility EMR.
  2. Update New Volunteer's EMR w/their vaccinations (MMR,V, HepB, Influenza, Tdap, and Covid19), TBQ, TB testing, and viral titer results.

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3. If there is possible Latent TB Infection, then Agility TB Risk Category must be updated. Demographic > Demographic > Work/Employment tab > TB Risk Category > select:  
 "2"- Latent TB Infection (LTBI)- Untreated  
 "3"- Latent TB Infection (LTBI) - Treated (e.g. completed CDC recommended course of treatment; usually 4 to 12 months).

**V. Volunteers returning to active Volunteer duty after a prolonged absence**, must provide medical documentation of all the following before being returned to Active Volunteer duties:  
 - Completion of Covid19 Vaccination (either 1 J&J/Janssen, or 2 Moderna, or 2 Pfizer).

**References:**

1. CDC Recommended Vaccines for Health Care workers:  
<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>
2. CDC MMWR- Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013:Summary Recommendations of the Advisory Committee on Immunization Practices(ACIP).June14,2013/62(RR04);1-34.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>
3. CDC MMWR- Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). November 25, 2011 / 60 (RR07);1-45.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>
4. RWJBH- DRUG FREE WORK PLACE POLICY, most current version of the Human Resources Policy.
5. New Jersey Administrative Code, N.J.A.C. 8:43G-20.2 (Title8. HEALTH, Chapter43G. HOSPITAL LICENSING STANDARDS. Subchapter 20. EMPLOYEE HEALTH) 2021
6. New England Journal of Medicine, June 20, 2019; 380;25. Case19-2019: page 2466  
 (... "IGRA sensitivity is only approximately 80%; a negative test does not rule out latent or active tuberculosis.".....)
7. MMWR, CDC, Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR / May 17, 2019 / Vol. 68 / No. 19 / Pages 439 -443.  
[https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s\\_cid=mm6819a3\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w)
8. Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society / Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: diagnosis of tuberculosis in adults and children. ClinInfectDis 2017;64:111-5.  
<https://doi.org/10.1093/cid/ciw778>
9. OSHA Respiratory Protection Standard, 29-CFR, 1910.134  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=12716&p\\_table=standards](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=standards)
10. OSHA Bloodborne Pathogen Standard, 29-CFR, 1910.1030  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=10051&p\\_table=standards](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=standards)

**Documentation:** RWJBH Corporate Care/Employee Health is responsible for maintaining the medical records received from/for the New Volunteer Applicants.

**Original Date:** 5/24/2017

**Reviewed Date:** 3/13/18, 9/18/19, 12/17/19, 2/5/20, 5/21/20, 5/11/21, 10/28/21

**Revised Date:** 11/13/18, 9/18/19, 12/17/19, 2/5/20, 5/21/20, 5/11/21, 10/28/21

**TITLE: NEW VOLUNTEER Medical Clearance Policy****EFFECTIVE DATE: 10-29-2021****Corporate Care Policy #6**Attachment #1 **New Volunteer Pre-placement Physical Checklist Attestation form**

Name:	Phone Number:
ADULT (18 y/o or older) <b>OR</b> TEEN (17 y/o or younger)	Date of Birth:
Email:	
Department: VOLUNTEER	Social Security #:

**Section I. and II. must be completed by Licensed Medical Provider: MD, DO, APN, or PA.**

**SECTION I:**

**1. Physical exam w/in past 12 months**, demonstrating Volunteer is free of communicable disease.

**2. Tuberculosis (TB): Two TB tests (blood and/or skin) are required as an initial baseline screening, see SECTION II: Tuberculosis Screening. Sections A, B, and C, must be completed by all as an initial baseline.** Section D must be completed if any history of positive TB test (blood or skin) OR if any positive Symptoms. Either of the following are acceptable:

- TB blood test (e.g. QFTG, QFTplus4T, or TSPOT); and it must be collected within past 3 months.

**OR**

- TB skin test (2 Step PPD/TST), and:

a. 1st Step PPD-plant/read must be within past 12 months, and

b. 2nd Step PPD-plant/read must be within past 3 months.

Note: a 2 Step PPD/TST actually requires 4 trips to your medical provider because after each PPD-plant, 48 to 72 hrs later, you must visit your medical provider for the reading.

**3. Proof of Immunity to all the following viruses:**

- Rubella (German Measles)- a Positive IgG titer or proof of **1 MMR vaccine**.
- Rubeola (Measles) - a Positive IgG titer or proof of **2 MMR vaccines**, given  $\geq$  4 weeks apart.
- Mumps- a Positive IgG titer or proof of **2 MMR vaccines**, given  $\geq$  4 weeks apart.
- Varicella (Chickenpox)- a Positive IgG titer or **2 VARIVAX vaccines**, given  $\geq$  4 weeks apart.

**e. Hepatitis B- a Positive hepatitis B surface Antibody titer BLOOD TEST for immunity (HepBsAb);** and if it is negative, then either a Hepatitis B vaccine series started or a signed OSHA Hepatitis B vaccine Declination Form (see Volunteer Vaccine Declination Statement).

**4. Proof of Vaccination with:**

a. **Tdap (Tetanus, diphtheria, acellular pertussis)** adult vaccine (Adacel® or Boostrix®).  
(Note: the childhood vaccine called DTAP is NOT an acceptable substitutions).

b. **Covid19 vaccine** (1 J&J/Janssen, or 2 Moderna, or 2 Pfizer vaccines)

c. **Influenza vaccine** (seasonal, usually between September 1st and April 30th)

**DATE Influenza Vaccine:** \_\_\_\_\_ **Was Vaccine given at RWJBH clinic?** YES or NO

**I do NOT have available in my office the following required testing, vaccines, or immunizations:**

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**(LIST above only those medical tests or vaccines NOT available in your medical office)**

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**SECTION II. Tuberculosis (TB) Screening/Respiratory Assess: ALL must complete Sections A, B, C**

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ Dept: Volunteer

**A. RISK assessment:**

1. **Do you have any history of a Positive Tuberculosis Test** (Skin (PPD/TST) or Blood)? \_\_\_\_\_

**If Yes:** When was your FIRST Positive TB test? \_\_\_\_\_. Do you have proof? \_\_\_\_\_

**Did you take a complete course of medication for TB** (usually 4 - 12 months)? \_\_\_\_\_

**If yes, what did you take?** \_\_\_\_\_, **for how many months?** \_\_\_\_\_

2. Have you lived in another Country? \_\_\_\_\_ Where?: \_\_\_\_\_ How many years? \_\_\_\_\_

3. Are you currently Immune Suppressed? \_\_\_\_\_ If yes, how? \_\_\_\_\_

4. Have you had prolonged close contact with someone with Tuberculosis? \_\_\_\_\_

**B. SYMPTOM evaluation: Do you have any of these symptoms of contagious TB? Circle Yes or No**

1. Fever / Chills- Yes / No
2. Loss of appetite- Yes / No
3. Coughing up blood- Yes / No
4. Unexplained Weight Loss- Yes / No
5. Tires easily (with out a reason)- Yes / No
6. Night Sweats (other than menopause)- Yes / No
7. Coughing frequently for greater than 3 weeks- Yes / No

**Volunteer SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**C. TB Testing** (must be with in past 3 months):

**TB Blood test: (QFTG/QFTplus4T/TSPOT) Date Collected-** \_\_\_\_\_ **Result:** \_\_\_\_\_  
**OR**

**TB Skin test: (2 Step PPD/TST tuberculosis test):**

PPD#1: Date plant- \_\_\_\_\_ Date read- \_\_\_\_\_ Reading (mm) \_\_\_\_\_

PPD#2: Date plant- \_\_\_\_\_ Date read- \_\_\_\_\_ Reading (mm) \_\_\_\_\_

**D. Respiratory Assessment: Required for Positive Symptoms or Positive TB test (or history of positive test).**

1. **CXR (PA/Lateral, w/in 1 year) Date:** \_\_\_\_\_ **Result:** \_\_\_\_\_

2. **TB blood test (if not already done): Date:** \_\_\_\_\_ **Result:** \_\_\_\_\_

3. **Exam: Coughing:** \_\_\_\_\_ **Temp:** \_\_\_\_\_ **BMI:** \_\_\_\_\_ **Lung Exam (Spec Atten Upper Lobes):** \_\_\_\_\_

**I attest the above named Individual has completed ALL medical requirements listed above in Sections I and II, is free of communicable disease, and if any of their viral antibodies are negative/equivocal, they are currently compliant with the associated vaccine series schedule. All documentation is retained in my Medical Facility and will be provided if requested.**

**Medical Provider:** \_\_\_\_\_  
(MD, DO, APN, PA) PRINT Name, Title Sign Date

Phone#: \_\_\_\_\_ License# \_\_\_\_\_ Address: \_\_\_\_\_

**RWJBH Employee Health Only:**

**Reviewed by:** \_\_\_\_\_ **TB Risk category:** \_\_\_\_\_ **ENTER into AGILITY:** \_\_\_\_\_

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Attachment #2 CDC- Recommended Vaccines for Healthcare Workers (amended)  
<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. If you work directly with patients or handle material that could spread infection, you should get appropriate vaccines to reduce the chance that you will get or spread vaccine-preventable diseases. Protect yourself, your patients, and your family members. Make sure you are up-to-date with recommended vaccines.

**Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.**

Vaccines	Recommendations in brief
<a href="#"><u>Hepatitis B</u></a>	If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). <b>Get a Hepatitis B surface Antibody Titer blood test 1 month after last dose.</b>
<a href="#"><u>Flu (Influenza)</u></a>	Get 1 dose of influenza vaccine annually.
<a href="#"><u>MMR (Measles, Mumps, &amp; Rubella)</u></a>	If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to <b>measles or mumps</b> (i.e., no serologic evidence of immunity or prior vaccination), <b>get 2 doses of MMR</b> (1 dose now and the 2nd dose at least 28 days later). If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to <b>rubella</b> , <b>only 1 dose of MMR</b> is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the <a href="#"><u>MMR ACIP vaccine recommendations</u></a> .
<a href="#"><u>Varicella (Chickenpox)</u></a>	If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get <b>2 doses of varicella vaccine</b> , 4 weeks apart.
<a href="#"><u>Tdap (Tetanus, Diphtheria, Pertussis)</u></a>	Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get Td boosters every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.
<a href="#"><u>Meningococcal</u></a>	Those who are routinely exposed to isolates of <i>N. meningitidis</i> should get one dose.





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Attachment #4 **New ADULT Volunteer Vaccine / Immunization DECLINATION Form**

Volunteer NAME: \_\_\_\_\_ Birthdate \_\_\_\_\_

I. Medical indication for immunization: (Circle the entire section (A., B., or C.) that applies.)

A. **New Adult Volunteer** not immune to (either a low/equivocal titer or no/incomplete medical documentation of the CDC recommended vaccine(s) required for "proof of immunity"):

**Measles (Rubeola)** \_\_\_\_\_ **Rubella (German measles)** \_\_\_\_\_  
**Mumps** \_\_\_\_\_ **Varicella (Chickenpox / Shingles)** \_\_\_\_\_

By signing below I certify that:

- I have been informed that I DO NOT have immunity to the above contagious virus(s), and
- I Refuse/Decline to have the CDC recommended Healthcare Personnel vaccination(s), and
- I understand that my refusal will result in all the following:
  1. In the event of an outbreak I may be subject to furlough (not allowed to volunteer) and
  2. The following medical recommendation - limitation - restriction may be placed on me:  
**"No exposure (respirator or contact) to patient(s) contagious with \_\_\_\_\_ virus."**

B. **New Adult Volunteer** not immune (a low/equivocal titer) to **Hepatitis B** surface antibody:

By signing below I certify that:

- I have been informed that I DO NOT have immunity to the hepatitis B contagious virus, and
- I Refuse/Decline to have the CDC recommended Healthcare Personnel vaccination(s), and
- I certify that **I have read the following OSHA Hepatitis B Vaccine Declination:**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine; I can receive the vaccination series at no charge to me.

C. **New Adult Volunteer** not immune to **Tetanus, diphtheria, acellular pertussis** (whooping cough); e.g. no medical documentation of having received adult dose of **Tdap** (Adacel® or Boostrix®).

By signing below, I certify that:

- I have been informed that I DO NOT have immunity to pertussis (whooping cough), and
- I Refuse/Decline to have the CDC recommended Healthcare Personnel vaccination(s), and
- I understand that my refusal will result in all the following:
  1. In the event of an outbreak I may be subject to furlough, and
  2. The following medical recommendation - limitation - restriction may be placed on me:  
**"No exposure (respiratory) to infants less than 1 year old."**

New Adult Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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Attachment #6 **Latent Tuberculosis (TB) Infection (LTBI) Information Sheet**

**Probable diagnosis of Latent Tuberculosis (TB) Infection (LTBI) is when one has:**

1. Past History of Positive PPD/TST skin test, and/or  
 Past History of a Positive Interferon Gamma Release Assay (IGRA) blood test,  
 for example: Quantiferon TB-Gold (QFTG), TSPOT, or QFTplus4T, blood test.
2. A recent CXR that is "Negative" for any signs of active/contagious TB disease, and
3. No current **Symptoms of active/contagious Tuberculosis disease:**
  - **Chronic cough > 3 weeks**      - **Coughing up blood,**
  - **Night sweats,**                      - **Fever/chills,**
  - **Unexplained weight loss,**      - **Loss of appetite**
  - **Unexplained weakness and fatigue; tires easily w/out reason.**

**Note: If in the future you develop these symptoms, report them immediately to your personal physician (or Local Health Department if you do not have a physician) and Employee Health / Corporate Care. Request an immediate evaluation for possible active / contagious Tuberculosis infection/disease; and ask your Provider the following questions:**

1. Should I have a CXR immediately to rule out "Active contagious TB disease"?
2. Should I perform "self-isolation" by remaining at home and maintaining a minimum distance of at least 6 feet from others, especially when coughing?
3. Should I wear a surgical mask if I have to leave home or be within 6 feet of others?

**Benefits of Treatment:** Individuals with Latent TB Infection (LTBI) can develop active/contagious TB disease in the future; and may infect individuals they live with or have close contact with. To decrease your risk of developing TB disease in the future, and decrease your chance of infecting your close contacts, you are strongly encouraged to complete treatment for LTBI (unless a medical contraindication exists or you have already been treated).

**Risks of Treatment:** Latent TB medications are usually taken for 4 to 9 months.

**A commonly recommended treatment is Rifampin 600mg daily for 4 months.**

Following are some side effects of Rifampin:

Common- heartburn, gas, upset stomach, nausea, vomiting, diarrhea, headache, dizziness, drowsiness, weakness, tired, muscle weakness, pain in arms or legs, vision problems, flushing (warmth, redness, or tingly feeling).

Severe- fever, loss of appetite, malaise, nausea and vomiting, darkened urine, jaundice (yellowing of the skin and eyes), pain or swelling of your joints.

**PLEASE MAKE AN APPOINTMENT WITH YOUR PERSONAL PHYSICIAN (or LOCAL HEALTH DEPARTMENT) TO SERIOUSLY CONSIDER TREATMENT for your Latent TB infection (LTBI) (unless you have already completed treatment).**