

Occupational Health Volunteer Clearance Form

Complete the attached forms and present to Occupational Health in order to begin your Health Clearance.
Occupational Health Department, 100 Irving Street Room 1121 (1st floor - East Building)
Monday – Friday 7:30 am – 3:30 pm (No appointment necessary)
For health related questions call 202-877-6781. Fax #202-877-8118.

You will need to present the following documentation:

1. Immunization records
 - a. **Measles, Mumps and Rubella (MMR) immunization documents.**
If you have received the Measles, Mumps & Rubella vaccine or have had positive titers, please bring the medical documentation to OHD.
OHD can draw titers and give vaccines **FOR A FEE**. Call 202-877-6781 for more information.
 - b. **Varicella (Chicken Pox) immunization records.**
If you do not have a history of chicken pox, you must provide report of vaccination or of antibody titer from your personal medical provider. OHD does **NOT** provide titers or varicella vaccines.
2. Tuberculosis test
 - a. If you have completed a TB test within the last 30-days please bring your results
 - b. If you don't have previous TB results, a T-spot or quantiferon TB gold result ODH will draw blood in order to complete the test for **FREE**

Sterile Processing Volunteers:

1. Be sure to include/provide your Hepatitis B immunization history or health records pertaining to Hepatitis B.

Chaplain/ Spiritual Care:

1. You will be asked to take a fit test (to be fitted for a mask), please do not chew gum, eat candy or have anything sweet at least 30 minutes prior to taking this test.

Applicants under 18 years of age:

Be sure to get parental/guardian signature on the Health Registration form attached, you won't be able to be seen in Occupational Health without the signature.

Note: When the Occupational Health office clears you, they will provide you with a copy of the clearance form. Please provide a copy to the volunteer office.

In order to expedite the process, please complete the attached forms prior to your visit to Occupational Health. Be sure to sign the Health Registration Form

Occupational Health Registration Form

(For Non-Employees)

Date of Visit to Occupational Health: _____

Personal Information:

Name: (Last) _____ (First) _____ (Middle Initial) _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____ Gender: _____

Marital Status: _____ Phone #: _____

This is to certify that I give my consent for Occupational Health to administer a PPD test for Tuberculosis or determine Tuberculosis status based on health records/history.

Volunteer Signature: _____ Date _____

Signature of Parent(s) or Legal Guardian(s) of Volunteers under the age of 18

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date _____

Position Information: MWHC

Position Title: Volunteer

Manager's Name: Vanessa Niño

Volunteer Hotline: 202-877-2105

**MEDSTAR WASHINGTON HOSPITAL CENTER
HEALTH QUESTIONNAIRE FOR VOLUNTEERS/STUDENTS**

Name _____ Date of Birth _____

Address _____

Email Address (print): _____

- Volunteer Volunteer: Pastoral Care Volunteer: Sterile Processing
 Other (Specify) _____

1. Are you presently taking medications or under treatment for any medical condition? No Yes

If yes, explain briefly _____

2. Do you have any allergies? No Yes

3. Do you presently have any symptoms of illness which may be of an infections nature? (Cough, sore throat, rash, temperature, diarrhea) No Yes

If yes, explain briefly _____

4. Tuberculin History, have you:

a. Ever had a skin test for tuberculosis (PPD or Tine)? No Yes Never Tested
Date tested _____ Results: Negative Positive

b. Ever had tuberculosis (TB)? No Yes

c. Ever had BCG? (BCG is a vaccine against TB used in many foreign countries but not in the U.S.)
 No Yes

d. Ever taken INH? (Isoniazid is a medication used to treat a person with a positive PPD)
 No Yes

5. Have you ever had chicken pox? No Yes

Measles, Mumps and Rubella Vaccine (MMR): If you have received the MMR vaccine or have a positive Rubella and/or Rubeola titer, please bring documentation with you. Two doses of the MMR are required for persons born after 1956. One does of the MMR is required for persons born 1956 or before.

****FOR MEDICAL USE ONLY (Physician or Occupational Health Staff)****

PPD PLANTED Date _____ Time _____ 5TU Tubersol Lot # _____ RFA/LFA Signature _____	PPD READ Date _____ Time _____ Induration _____ Erthema _____ Signature _____
Varicella Counseling (date): _____	Chest X-Ray Date: Results: _____
MMR #1 Date _____ Time _____ Location _____ Lot _____ Signature _____	MMR #2 Date _____ Time _____ Location _____ Lot _____ Signature _____
RUBELLA SCREEN results <input type="checkbox"/> Positive <input type="checkbox"/> Negative RUBEOLA Screen results <input type="checkbox"/> Positive <input type="checkbox"/> Negative MUMPS HISTORY: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
RESPIRATORY FIT TEST Date tested _____ <input type="checkbox"/> Satisfactory Fit Test	
Comments 	
Cleared to Begin	Signature