

# 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 calendar year please bring your PPD results
  - b. If you don't have previous results ODH will draw blood in order to complete the test

## **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/Leagl 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)\*\***

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

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