

**RONALD MCDONALD HOUSE CHARITIES, UPPER MIDWEST/ CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA: IMMUNITY REQUIREMENTS FOR VOLUNTEERS**

**Evidence of immunity is a requirement prior to volunteering in any capacity at Children's Hospitals and Clinics of Minnesota. Evidence of immunity is defined as *written documentation of:*** (1) complete immunization record (i.e. copy of immunization record card, MIIC printout, copy of healthcare provider/clinic record of immunization) , **OR** (2) written statement from healthcare provider verifying disease diagnosis (i.e. in the case of chickenpox), **OR** (3) copy of laboratory result confirming disease or immunity (i.e. serology results).

**Please complete the form below and return with written evidence of immunity when submitting your application.**

**To be verified & signed by healthcare provider:**

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Ronald McDonald House Charities, Upper Midwest Volunteer Services:**

Please submit records by email to [volunteer@rmhtwincities.org](mailto:volunteer@rmhtwincities.org)

To submit records by mail, please send to 818 Fulton Avenue SE, Minneapolis, MN 55414, Attn: Volunteer Services  
Or if necessary please fax records to (612) 331-1255

**REQUIRED:**

1. **TUBERCULOSIS** – one of the following is required:
  - Negative Mantoux skin test **OR** negative Quantiferon Gold blood test within the last 12 months. Date: \_\_\_\_\_
  - Negative chest x-ray (if done as follow-up for positive Mantoux) Date: \_\_\_\_\_
  - Completed treatment of active disease. Date: \_\_\_\_\_
  
2. **CHICKENPOX\*** (varicella) – one of the following is required:
  - Written documentation of two doses of varicella vaccine. Date dose #1: \_\_\_\_\_ Date dose #2: \_\_\_\_\_
  - History of chickenpox or shingles based on healthcare provider diagnosis. Date of disease: \_\_\_\_\_
  - Laboratory confirmation of chickenpox disease or immunity to chickenpox. Date of lab test: \_\_\_\_\_
  
3. **MEASLES\*** (rubeola) - one of the following is required:
  - Date of birth 1/1/1957 or earlier.
  - Written documentation of two doses of MMR vaccine. Date dose #1: \_\_\_\_\_ Date dose #2: \_\_\_\_\_
  - Laboratory confirmation of measles disease or immunity to measles. Date of lab test: \_\_\_\_\_
  
4. **MUMPS\*** – one of the following is required:
  - Date of birth 1/1/1957 or earlier
  - Written documentation of two doses of MMR vaccine. Date dose #1: \_\_\_\_\_ Date dose #2: \_\_\_\_\_
  - Laboratory confirmation of mumps disease or immunity to mumps. Date of lab test: \_\_\_\_\_
  
5. **RUBELLA\*** - one of the following is required:
  - Date of birth 1/1/1957 or earlier
  - Written documentation of one dose of MMR vaccine. Date: \_\_\_\_\_
  - Laboratory confirmation of rubella disease or immunity to rubella. Date of lab test: \_\_\_\_\_
  
6. **PERTUSSIS\*** – the following is required:
  - One-time dose of Tdap vaccine. Date: \_\_\_\_\_
  
7. **INFLUENZA\*** – the following is required
  - Yearly** influenza vaccination during influenza season (generally October – April). Date of most recent dose: \_\_\_\_\_

**RECOMMENDED:**

8. **HEPATITIS B\*** – please check one of the following:
  - Written documentation of completion of vaccine series. Date dose #1: \_\_\_\_\_ Date dose #2: \_\_\_\_\_ Date dose #3: \_\_\_\_\_
  - Laboratory confirmation of immunity to hepatitis B. Date: \_\_\_\_\_
  - Immunity status unknown (please note: immunity by completion of vaccine series is strongly recommended)
  - I understand that Hepatitis B vaccine is strongly recommended for healthcare workers and volunteers, but decline vaccination.

\*CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011; 60(RR-7).