



UNIVERSITY of MARYLAND MEDICAL SYSTEM

Volunteer Screening Form – Volunteer Services

Volunteer name: _____ Social Security Number: _____

Department: _____ Date: _____

Section 1: Medical History

UMMS requires that volunteers be able to perform their volunteer duties in a manner that does not create a risk of harm to patients, employees, visitors, or other volunteers. By signing below, you certify that you have reviewed the duties for which you are volunteering and, to the best of your knowledge, are physically and mentally able to safely perform the functions of a volunteer.*

Volunteer signature _____

*Individuals who require accommodations to perform volunteer services should inform the volunteer office to discuss their options.

Section 2: Vaccine and screening required for all volunteers – to be completed by Volunteer Services or by Employee Health 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) UMMS 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) **and**
 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 (not required, but if you were vaccinated, please provide your vaccine documentation (vaccine card or record)):
 ___ Evidence of primary series and/or boosters if received

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 the completed hepatitis B 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 primary care provider to consider vaccination. Information on Hepatitis B vaccine provided

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

All volunteers working in the a UMMS hospital or on non-clinical UMMS setting between October 1 - March 31, must comply with the UMMS Seasonal Flu Policy. 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 UMMS provided form (to be reviewed approved by EHS), or
 ___ Evidence of Religious Exemption using UMMS 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 UMMS Employee Health Services.

Parental Consent:

This consent must be signed by a parent or legal guardian of a minor (under 18 years of age) applying for a volunteer position at a University of Maryland Medical System hospital.

I am the parent/legal guardian of _____ who has applied for a position as a volunteer at a University of Maryland Medical System Hospital. By my signature below, I am consenting to University of Maryland Medical System Employee Health Services to perform tests for tuberculosis.

Tuberculosis (TB) is a disease that usually affects the lungs. TB germs are spread from person to person through the air. TB testing is performed by either doing a blood test to look for TB or doing a skin test. If a skin test is performed, A small needle will be used to put some testing solution, called tuberculin, just under the skin. For those taking the 2-step TB skin test, they are required to return to the hospital 2-3 days after the first test as well as return for the second step and follow up reading (4 visits in all)

Parent or Guardian's Name (Printed)	Signature of Parent or Guardian	Date
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DO NOT SIGN BELOW THIS LINE FOR VOLUNTEER SERVICES

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 To be completed by volunteer services representative or an UMMS representative.

Form reviewed by:

Signature/Name	Date
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