

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Directions:** Please take this form to your health care provider for completion. The lab tests needed when immunization records are not available may be costly, and you are responsible for payment. Please be diligent in getting your records from your private physician, school record or previous employer.

**For Health Care Provider Completion:** For this individual to qualify to volunteer at Lawrence General Hospital, there are minimal infection control standards that need to be met. **A list of the standards is on the next page. Please complete the form below with special consideration to the following:** If there is no evidence of measles and/or rubella immunity, please administer MMR or draw titer(s). For questions on form completion, 978-683-4000, ext. 2645. Thank You.

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*A copy of your immunization records or your school health record is acceptable. In addition, we need a copy of your COVID vaccine card.*  
**Location:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

<b>MMR</b>	MMR #1 DATE: _____ or <input type="checkbox"/> Titer, please provide documentation MMR #2 DATE: _____ <input type="checkbox"/> MMR Booster, please provide documentation
<b>TDAP</b>	TDAP Date: _____
<b>VARICELLA</b>	History of Chicken Pox: Yes___ No___, If No History: <input type="checkbox"/> Titer, please provide documentation or Vaccination Dates: #1: _____ #2: _____
<b>HEP B</b>	Hepatitis B Vaccine Date # 1: _____ <input type="checkbox"/> Titer, please provide documentation Hepatitis B Vaccine Date # 2: _____ <input type="checkbox"/> Or Declination Signed: _____ Hepatitis B Vaccine Date # 3: _____
<b>TB</b>	Date Planted: _____ Date Read: _____ Result in MM: _____ <input type="checkbox"/> TB Assessment Risk Form completed and included with application <input type="checkbox"/> Date Q-GOLD TB Blood Test completed, please provide documentation
<b>FLU</b>	<input type="checkbox"/> Flu Vaccine: please provide documentation
<b>COVID</b>	<input type="checkbox"/> COVID Vaccine: Include a copy of an official CDC-issued vaccination card

**Occupational Health**, 2<sup>nd</sup> Floor, 25 Marston Street, Suite 204  
 Lawrence, MA Monday – Friday, 8:30am – 4:00pm

## Infection Control Standards for Health Clearance

### **Tuberculosis Screening and Chest X-Rays.** *One of the following is required:*

- A. One (1) PPD Skin test within the *past 12 months and complete a TB Risk Assessment Form.*
- B. For individuals known to be PPD test positive, there needs to be a record of a negative chest x-ray report done by your physician.
- C. Receive the IGRA blood test such as the QuantiFERON – TB Gold blood test or T-SPOT TB.
- D. Ongoing volunteers will complete a yearly TB Risk Assessment Form.

### **Measles and Rubella Immunity.** The following is required:

- A. Documentation of two MMR vaccines, or
- B. Proof of immunity to measles, mumps and rubella by titer (blood test done by your private Physician. Please note that you will be responsible for payment for this test.)

### **Hepatitis B Vaccine.** For individuals who may be exposed to blood or body fluids during their experience at LGH:

- A. Documentation of the Hepatitis B series, or
- B. Positive antibody test for hepatitis B will be done our Occupational Health Department. LGH will provide this vaccine free of charge to individuals who may be exposed to blood or body fluid during their work.

**Chicken Pox:** Anyone who does not have a history of chicken pox is **strongly recommended** to get the chicken pox (varicella) vaccine from his/her primary care provider. As an adult, chicken pox can be a very serious illness.

**Flu Vaccine:** 100% compliance during Flu Season, usually October – April of every year.

**COVID Vaccine:** Fully vaccinated: Individuals are considered fully vaccinated for COVID-19 two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna) or vaccine authorized by the World Health Organization, or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).

To verify COVID-19 vaccination: An official CDC-issued vaccination card (or digital version/ photo) with your name and dates of doses, including the date the last dose was administered printed on the card must be provided.