

Duke University Hospital - College Student Volunteer Health Screen Form

Instructions for Volunteer:

- Fill out the "Volunteer Applicant Information" section and take it to your Primary Care Provider or student health.
- Form must be completed by a MD, DO, PA, NP, RN or LPN, NOT a family member. Official stamp from a doctor's office, clinic or health department AND an authorized signature must appear on this form.
- **ALL FIELDS IN THE COMMUNICABLE/DISEASE/IMMUNIZATION HISTORY SECTION MUST BE FILLED IN BY YOUR PROVIDER.**
- Volunteer must ensure ALL REQUIRED FIELDS have been completed and submit form along with your application.
- To be accepted into the College Volunteer Program, you must meet the following specific immunization requirements:

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| <ul style="list-style-type: none"> ➤ 1 dose of Tdap within the last 10 years ➤ 2 doses of MMR or a positive antibody titer ➤ 2 doses of Varicella or a positive antibody titer | <ul style="list-style-type: none"> ➤ If you have not had a TB test since March 1, 2019, a TB test is required. Please allow time for completion and a reading of this test before your interview in August. ➤ 2019/2019 flu vaccine. There will be flu shot clinics offered across Duke Hospital for all volunteers in September. |
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Volunteer Applicant Information

First Name:	Middle Initial:	Last Name:
Address (Street/City/State/Zip):		Cell phone:
Duke Unique ID:		Date of Birth:
Email Address:		

Communicable Disease/Immunization History

Must be completed by a MD, DO, PA, NP, RN or LPN, NOT a family member. Official stamp from a doctor's office, clinic or health department AND an authorized signature must appear on this form.

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Tuberculin Skin Test

TB testing must be performed no more than 6 months prior to your volunteer application date.

PPD OR TSpot OR QuantiFERON Gold are accepted. If any of the tests are positive a chest x-ray report, discussion of latent TB and INH treatment recommendations must be documented and attached to volunteer health review sheet.

History of a positive TB test also requires a RECENT chest x-ray performed within the last month.

TB testing must performed within the U.S.

Required Date placed:	Required Date read:	Required Result: # of mm induration	Required Interpretation: Negative / Positive (circle one)
QuantiFERON (QFT-G) or T-Spot Required Date:		Required Result (lab report must be included):	

Measles, Mumps and Rubella

Proof of immunity: Two doses on or after the first birthday, and at least 28 days apart. If there is no record of MMR, positive antibody titers of Measles, Mumps, and Rubella will be accepted.

Required MMR #1:	Required MMR #2:	Required OR MMR Titer (lab reports must be included):
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Varicella

Proof of immunity: Two doses OR a positive antibody titer.

Required Varicella #1	Required Varicella #2	Required OR Varicella Titer (lab reports must be included):
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Tdap

Required Tdap:	Adult booster required for 18 years and older
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2019-2020 Influenza Vaccine

Required Required during flu season.	Required Date received:
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Completed By

Required Clinician Name and Title(print):	Required Phone #:
Required Clinician Signature:	Required Date:
Required Address/Official Stamp Here:	