



Instructions

- Please fill out this form and **take it to your appointment** with Duke Employee Occupational Health and Wellness (EOHW) to complete the required Health Review.

Employee Occupational Health and Wellness Clinic Information/Location

**** Please call to schedule your appointment ****

***New volunteers will be scheduled between the hours of 8:00am – 3:00pm by appointment only Monday – Friday ***

Located in Duke Clinic

Orange Zone (sub-basement) or enter from Flowers Drive

Telephone: 919-684-3136 – option #2

- **Bring any official vaccine records you may have to your appointment.**
- Upon completion of your EOHW process, you will be given a Volunteer Health Recommendation form.
 - **It is your responsibility to take the Volunteer Health Recommendation Form that you receive from Employee Health to your coordinator before you sign up for training and orientation with your assigned area.**
- **Flu Vaccine is now an annual requirement in order to volunteer at Duke University Hospital. You will receive flu vaccine as part of your Employee Health volunteer screening and/or every fall. There is no additional cost to you.**

Demographic Information

Coordinator to complete the areas with asterisks *

Name _____
Last First Middle

Duke Unique ID# _____ Date of Birth _____

Address _____
City State Zip

Home/Cell Phone _____ Work Phone _____

Email address: _____

*Volunteer Program _____ Volunteer Coordinator _____

*Will the volunteer duties involve close interaction with children under 18 months of age? ____ Yes ____ No

*If yes, Describe duties

Are you a Duke University or Duke Health System employee? Yes____ No____

This form is to be completed by Duke Employee Occupational Health and Wellness. This **Volunteer Health Review Sheet** is mandatory for your participation in the volunteer program. The health review information is important in protecting the health and safety of the Duke University Medical Center volunteers, patients, students and visitors. Upon completion of your health review, Employee Occupational Health and Wellness will provide your **Volunteer Health Recommendation Form**.

Communicable Disease/Immunization History

Before clearance is granted prospective volunteers must submit documentation of the following:

- 1. TB testing must be performed 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 chest x-ray performed within the last 12 months. TB testing must be performed within the U.S.

Tuberculin Skin Test: Date placed: ___/___/___ Date read: ___/___/___ Result: ___ # of mm induration OR

QuantiFERON (QFT-G) or T-Spot: Date: ___/___/___ Result: _____ (lab report must be included)

- 2. Proof of immunity to Measles, Mumps and Rubella.** 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.

MMR #1 ___/___/___ MMR #2 ___/___/___ OR MMR Titer (lab reports must be included)

- 3. Proof of immunity to Varicella.** Two doses OR a positive antibody titer.

Varicella #1 ___/___/___ Varicella #2 ___/___/___ OR Varicella Titer (lab report must be included)

- 4. Tdap ___/___/___ Td booster** required if last dose of Tdap was greater than 10 years. ___/___/___

- 5. 2017-2018 Influenza vaccine ___/___/___** (required during flu season)

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.

Clinician Name (print): _____ Title: _____ Phone # _____

Clinician Signature: _____ Date: ___/___/___

Address/Official Stamp Here: _____