



## Health Clearance Instructions

**WELCOME** to the Allina Health Volunteer Program! Your application has been received.

For the protection of patients, employees, students, volunteers and visitors, and in compliance with state and federal regulations, Allina Health requires all incoming volunteers to be screened for Tuberculosis and provide immunization status before you can begin volunteering.

1. Complete and submit the attached **Allina Health Volunteer Health Clearance Form** (2-pages) to the email or fax numbers listed at the top of the Health Clearance form.
2. **Applicants MUST make every effort to locate immunization information from their health care provider or school.** Please include documentation from all sources such as; medical records, public health, or school immunization records related to prior vaccines or blood tests.
3. Your Social Security Number **MUST** be provided on attached form in order to process the paperwork.
4. The completed health clearance forms will be reviewed by Allina Employee Occupational Health (EOH) to determine if any blood tests or immunizations are needed before you can volunteer. Any required blood tests and/or immunizations are provided free of charge to you.
5. On the health clearance form you must choose a lab location. Report to this lab no sooner than 3 business days and no more than 14 business days after submitting your Health Clearance Form for necessary blood tests, which are determined by EOH.

### **Applicants under the age of 18 (Minors):**

For applicants under 18 years of age, a parent or guardian must consent in order for Employee Occupational Health (EOH) to administer vaccines. If any vaccines are required and a parent/guardian has not signed the consent or does not accompany the minor, the nurse will contact the parent/guardian via phone to obtain consent. If unavailable by phone, a new appointment will need to be made when parent/guardian is available.

If you have questions about this required screening process, please call Allina's Employee Occupational Health: 612-262-4490.

Thank you!

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**Allina Health Volunteer – Immunization and Communicable Disease Screening**

**Please fill out form completely and return with all required immunization records to Employee Occupational Health:**

Email: [EHSVolunteer@allina.com](mailto:EHSVolunteer@allina.com) OR

Fax: Abbott Northwestern/ West Health fax to (612) 863-3674

United Hospital fax to (651) 241-7192

**\*\*Your social security number is required to process health clearance in the Allina Health System\*\***

Applicant Name: \_\_\_\_\_ SSN# (required): \_\_\_\_\_

Volunteer Site: \_\_\_\_\_ Department: Volunteer Services

Phone Number (daytime): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Places you have lived outside USA: \_\_\_\_\_

**PLEASE READ THROUGH THE FOLLOWING QUESTIONS AND CHECK ALL ANSWERS THAT APPLY TO YOU:**

**Mumps:**

- I had Mumps
- I had two Mumps vaccines
- I don't know if I have had Mumps or been vaccinated
- I have been tested for Mumps immunity

**Rubella (German Measles):**

- I had Rubella
- I had the Rubella vaccine
- I don't know if I have had Rubella or been vaccinated
- I have been tested for Rubella immunity

**Rubeola (Red Measles)**

- I had Rubeola
- I have had the Rubeola vaccine
- I don't know if I have had Rubeola or been vaccinated
- I have been tested for Rubeola immunity

**Chicken pox (Varicella):**

- I have had chicken pox (varicella)
- I have had chicken pox (varicella) vaccine
- I don't know if I have had chicken pox (varicella) or been vaccinated
- I have been tested for chicken pox (varicella) immunity

**Influenza:**

- I have received the influenza vaccine for this year
- I would like to receive the influenza vaccine for this year

**Tuberculosis (TB) Mark all that apply:**

- I have **never** had a TB skin test (mantoux) or QFT (blood test for TB)
- I have had a **negative** TB skin test or QFT
- I have received BCG vaccine
- I have had a **positive** TB skin test or QFT:
  - If history of positive TB test were you treated: **please circle** YES NO
  - If treated you must provide medical documentation of medication and dates of treatment
  - Provide copy of most recent chest x-ray if available

**Do you currently have one or more of the following symptoms:**

- Coughing for more than three weeks
- Coughing up blood
- Night Sweats
- Fatigue
- Weight loss
- Poor Appetite
- Unexplained Fever
- Chills
- Chest Pain

## Consent:

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL CONSENT required if applicant is under 18 years old:

DATE: \_\_\_\_\_

*By signing above, you are consenting to your child having the necessary lab tests and/or immunizations completed in order to be placed as a volunteer.*

Please include all copies of prior immunization records, including vaccinations or blood test (titers):

- TB skin test or QFT (TB blood test)
- Chest x-ray only if positive TB history
- Tdap or TD
- MMR (Measles, Mumps, Rubella)
- Varicella (chicken pox)
- Influenza

**Choose the lab you would like to go to for required lab tests (select one).**

**Wait 3 days to allow your order to be received and set up.**

**You can report to the lab within 3-14 business days after your submit your request.**

Blood tests that may be ordered are:

- Tuberculosis screening (QFT-Quantiferon Gold Test)
- Immunity assessment to Measles, Mumps, Rubella and Chicken Pox

**Lab locations to choose from are:**

**Abbott Northwestern Hospital**  
800 E. 28<sup>th</sup> St.  
Mpls, MN 55407  
**Mon - Fri:** 6 am - 6 pm  
**Sat:** 7 am - 1:30 pm

**United Hospital**  
333 N Smith Ave  
St. Paul, MN 55102  
**Mon - Fri:** 6 am - 6 pm  
**Sat:** 7 – 11:30 am

**WestHealth**  
2855 Campus Drive  
Plymouth, MN 55441  
**Mon- Thurs:** 7:30 am - 4 pm  
**Fri:** 7:30 am - 2 pm

**Mercy Hospital**  
4050 Coon Rapids Blvd.  
Coon Rapids, MN 55433  
**Mon - Fri:** 6 am - 6 pm  
**Sat:** 7 am - 1:30 pm

**Unity Hospital**  
550 Osborne Rd.  
Fridley, MN 55432  
**Mon - Fri:** 6 am - 6 pm  
**Sat:** 7 am - 1:30 pm