RWJBarnabas HEALTH

**TITLE: NEW VOLUNTEER MEDICAL CLEARANCE POLICY**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

President and Chief Executive Officer Date: 1/19/18

Senior Vice President for Medical & Academic Affairs Date: 1/17/18

Chief Medical Director, RWJBH Corporate Care Date: 1-17-18

**Attachments:**
1. RWJBH New Volunteer Pre-placement Physical Checklist
2. CDC- Recommended Vaccines for Healthcare Workers and Healthcare Personnel.
3. Excerpts from MMR ACIP vaccine recommendations- updated June 14, 2013.
4. RWJBH Corporate Care/Employee Health Medical Clearance Form for New Volunteer Applicants.
5. New Volunteer Adult Vaccine Declination Form with associated restriction wording.
6. New Volunteer- Consent and Authorization to Treat Form

**Purpose:** The purpose of this policy is to promote the health and safety of the RWJBarnabasHEALTH (RWJBH) New Volunteer staff; whose job duties may require them to access the hospital and come into contact with patients, hospital staff, hospital affiliated clinic patients, or other health-care personnel.

Volunteers are considered by the Centers for Disease Control (CDC) to be one of many types of health-care personnel (HCP). Because a Volunteer/HCP may have contact with patients or infective material from patients, they are at risk for exposure to (and possible transmission of) vaccine-preventable diseases. Employers (Hospitals) and Volunteers/HCP have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. Vaccine programs are therefore an essential part of infection prevention and control.

Optimal use of recommended vaccines helps maintain immunity and safeguard Volunteers/HCP from infection, thereby helping protect patients from becoming infected also. Implementation of the CDC's Advisory Committee Immunization Practices (ACIP) for Health-care Personnel can substantially reduce both:
- The number of susceptible Volunteers in any setting in which they interact with patients, and
- The risk of Volunteers transmitting vaccine-preventable diseases to patients and other HCP.

Following are the current recommendations for immunization (proof of immunity) and screening, for all RWJBH New Volunteers (see Attachment #2):
1. Immunity to: hepatitis B, measles, mumps, rubella, varicella, pertussis, influenza (seasonal).
2. Screening for: mycobacterium tuberculosis (TB) infection.

Additionally, RWJBH strives for a drug/alcohol-free work environment and has drug free workplace policies in place. All New Volunteers are required to provide a urine (or other) specimen for immediate on-site drug screening.

**TITLE: NEW VOLUNTEER Medical Clearance Policy**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

Additionally, the above requirements are in compliance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recommendations that Volunteers be held to the same standards as new hospital employees.

**Policy:** All RWJBH New Volunteers must complete the following required screening tests for mycobacterium Tuberculosis (TB); and requirements for proof of immunity to the respiratory contagious diseases: measles, mumps, rubella, varicella, pertussis, and influenza (seasonal) and the blood borne pathogen- the hepatitis B virus; and have a negative drug screening test.
See Attachment #1 - New Volunteer Pre-placement Physical Checklist attestation form.

Adults (greater than or equal to 18 years old):

- Those with medical insurance will have as many of the medical requirements as possible performed at their personal physician's office (PMD). If some medical requirements are not available through their personal physician, they may receive them at their affiliated RWJBH hospital Corporate Care/Employee Health clinic free of charge, by appointment, and must bring medical documentation of the requirements completed by their PMD to the appointment.
- Those without medical insurance may make an appointment at their affiliated RWJBH hospital Corporate Care/Employee Health clinic to have their medical requirements completed free of charge.

Minors (16 or 17 years old) "Teen Volunteer":

- Must have all their New Volunteer Pre-placement Physical Checklist attestation form completed by their personal physician, with one exception:
- 16 and 17 year olds may have their TST/PPD(s) (tuberculosis screening skin test) performed at their affiliated hospital RWJBH Corporate Care/Employee Health clinic free of charge, if they request.

Minors (less than or equal to 15 years old) "Teen Volunteer":

- Must have ALL of their New Volunteer Pre-placement Physical Checklist attestation form completed by their personal physician.

**Procedure:**

**I. All New Volunteers must have mycobacterium Tuberculosis (TB) infection screening:**
Each New Volunteer of the health care system shall have an appropriate evaluation for mycobacterium Tuberculosis (TB) screening, according to the most current:
- Infection Control Policy titled: Tuberculosis (TB) Control Program, and the
- Corporate Care/Employee Health (CC/EH) Guidance titled: Tuberculosis Medical Surveillance.

New Volunteers are to undergo an initial two-step PPD/Tuberculin Skin Testing (TST), which is commonly referred to as a "PPD skin test". Both steps must be completed prior to start date. Thereafter, annually, a single PPD skin test is required.

If a PPD is read "Positive" or $\geq$ 10 mm induration, then all the following is required and medical documentation of same must be provided by the Volunteer applicant to the CC/EH clinic.

- An evaluation by a Physician (MD/DO) or Advanced Practice Nurse Practitioner (AP/NP) to rule out active contagious Tuberculosis infection, and must include the following:
- An Interferon Gamma Release Assay (IGRA) blood test (TSPOT® or QFTG®) result; and if test result is anything other than "Negative" (e.g. Positive, Equivocal, Indeterminate), then
- A chest x-ray is required; and must be negative for active/contagious Tuberculosis infection. (The chest x-ray must be performed within 12 months of the New Volunteer's start date.)

**II. All New Volunteers must demonstrate "proof of immunity" to: hepatitis B, measles (rubeola), mumps, rubella (German measles), varicella (chickenpox), and pertussis (whooping cough virus), and influenza (seasonal).**

A. Hepatitis B - Proof of immunity is a "Positive" hepatitis B surface Antibody titer, after having received an initial hepatitis B vaccine series. Nonimmune individuals should receive a second hepatitis B vaccination series with a follow-up titer blood test 4 weeks after the last dose. Non-responders, or other individuals, after reading the most current CDC VIS (Vaccine Information Sheet on Hepatitis B), have an option to sign the OSHA Hepatitis B vaccine Declination Form (see OSHA Blood borne Pathogens Standard 29 CFR 1910.1030).

B. Measles (Rubeola) - Proof of immunity is either of the following:

1. Medical documentation of 2 measles containing vaccines (e.g. MMR vaccines), given at least 4 weeks apart, with the first dose given on or after the first birthday.
   OR
2. A Rubeola titer that is "Positive". (An "equivocal" IgG result is considered negative.)

C. Mumps- Proof of immunity is either of the following:

1. Medical documentation of 2 mumps containing vaccines (e.g. MMR vaccines), given at least 4 weeks apart, with the first dose given on or after the first birthday.
   OR
2. A mumps titer that is "Positive". (An "equivocal" IgG result is considered negative.)

D. Rubella- Proof of immunity is either of the following:

1. Medical documentation of 1 rubella containing vaccine (e.g. MMR vaccine), given on or after the first birthday.
   OR
2. A rubella titer that is "Positive". (An "equivocal" IgG result is considered negative.)

E. Varicella- Proof of immunity is either of the following:

1. Medical documentation of 2 varicella/chickenpox containing vaccines (e.g. Varivax) given at least 4 weeks apart, with the first dose given on or after the first birthday.
   OR
2. A varicella titer that is "Positive". (An "equivocal" IgG result is considered negative.)

F. Pertussis - Proof of immunity is either of the following:
1. Medical documentation of a Tdap (Tetanus, diphtheria, acellular pertussis) vaccine received as an adult (Note: Adacel® and Boostrix® are common commercially available names for the adult Tdap vaccine). Vaccines called DTAP are not acceptable.

G. Influenza - New Volunteer applicants must have medical documentation of having received the Influenza vaccine for the current Influenza season. New Volunteers requesting a medical or religious exemption from the Influenza vaccine must follow the current RWJBH Influenza Vaccination Policies and Procedures to request an exemption; and must provide documentation of same when submitting their Physical Checklist attestation form.

Note: Vaccine administration and declinations are performed in the same manner as for all new hospital employees and are compliant with hospital policies, Centers for Disease Control (CDC) recommendations, and the Advisory Committee on Immunization Practices (ACIP). See Attachment #5 for the New Volunteer Vaccine Declination Form with restriction wording.

**III. A New Volunteer applicant is responsible for:**
1. Providing in person (and accompanied by a Parent or Legal Guardian if under age 18 years old), their signed and completed Volunteer Pre-placement Physical Checklist attestation form to their hospital affiliated RWJBH Corporate Care/Employee Health (CC/EH) clinic for review.

Note: For New Adult Volunteers, 18 y/o or older whose Personal Medical Doctor (PMD) does not have some of the required Testing/Vaccination requirements available in their office, then the PMD must write the names of the Specific Tests/Vaccinations that are missing (e.g. the specific Tests/Vaccinations that still need to be completed in the RWJBH CC/EH clinic).

2. After CC/EH accepts the Pre-placement Physical Checklist attestation form, the New Volunteer must sign the New Volunteer- Consent and Authorization to Treat Form (see Attachment #6) and provide a urine (or other) specimen for immediate on-site drug screening. (Note: The RWJBH CC/EH clinic staff must first obtain a "Negative" drug test result, prior to providing any other Tests or Vaccinations to the New Volunteer applicant.)

**IV. Prior to New Volunteer start date (but not greater than 3 months prior) the new Volunteer will be required to provide a urine (or other) specimen for immediate on-site drug screening**. This test is usually be performed at the time the New Volunteer presents their signed and completed New Volunteer Pre-placement Physical Checklist attestation form to their hospital affiliated RWJBH Corporate Care/Employee Health (CC/EH) clinic for review and after they have signed the Consent to Treat form (see Attachment #6).
A. Specimens with non-negative results will be sent out for confirmation and any further evaluation will be postponed pending receipt of results.
B. Dilute, out of temperature range, and suspected adulterated urine specimens (color or odor) will be considered a failure and the Volunteer Director and HR will be notified.

C. Individuals with confirmed non-negative or failed drug screens will be temporarily excluded from the New Volunteer medical evaluation process; and the confirmed non-negative tests will be sent to the MRO. If the MRO determination is:

1. Negative- the Volunteer will be contacted and their medical evaluation will continue.

2. Negative but with safety sensitive concerns - then the Volunteer Director and HR will be notified. They will jointly decide whether or not the New Volunteer medical evaluation should be completed; and will inform Corporate Care/Employee Health (CC/EH) of same.

**V. Upon successful completion of all the New Volunteer Health requirements and a negative Drug Screen, the RWJBH Corporate Care/Employee Health clinic staff will:**

1. Complete and provide the New Volunteer Medical Clearance Letter to the Volunteer Director. See Attachment #4.
2. Update the New Volunteer's Medical Records with their:
   a. PPD- Date of plant, Date of reading, and Result of reading, and
   b. Influenza vaccination- Date of administration.
3. Ensure all medical documentation is kept confidentially in the New Volunteers medical records.

**References:**

1. CDC Recommended Vaccines for Health Care workers:
**http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html**

2. CDC MMWR- Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). June 14, 2013 / 62(RR04); 1-34.
**http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm**

3. CDC MMWR- Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). November 25, 2011 / 60 (RR07);1-45.
**http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm**

4. RWJBH- DRUG FREE WORK PLACE POLICY, most current version of the Human Resources Policy.

**Documentation:**

RWJBH Corporate Care/Employee Health medical staff is responsible for maintaining the medical records received from/for the New Volunteer Applicants.

**Original Date:** 5/24/2017
**Reviewed Date:** 10/9/17
**Revised Date:** 12/19/2017

**TITLE: NEW VOLUNTEER Medical Clearance Policy**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

Attachment #1 **New Volunteer Pre-placement Physical Checklist attestation form**

| | |
|---|---|
| Name: | Phone Number: |
| ADULT (18 y/o or older) **OR** TEEN (17 y/o or younger) | Date of Birth: |
| Email: | |
| Department: VOLUNTEER | Social Security #: |

**Health Attestation- All the following has been completed on the above named individual:**

1. Physical exam w/in past 12 months, then annually, demonstrating free of communicable disease.

2. Tuberculosis (TB) infection screening with the Tuberculin Skin Test (TST)/PPD, as follows:
- An initial 2-Step PPD/TST process; with an annual PPD subsequently. Please note most recent:
**DATE PPD-plant:_____ Date PPD-read:_____ Result: _____mm indur.**

NOTE: If a PPD is read Positive or $\geq$ 10 mm induration, the following is required and must be provided:
- An evaluation by a Physician (MD/DO) or APN to rule out active Contagious TB infection, and:
- An Interferon Gamma Release Assay (IGRA) blood test (TSPOT® or QFTG®); and if positive (or not negative):
- An initial/baseline chest x-ray that is "Negative" for active/contagious TB; performed w/in past 12 months.

3. Proof of Immunity to all the following viruses:
a. Rubella (German Measles)- a Positive IgG titer or proof of 1 MMR vaccine.
b. Rubeola (Measles) - a Positive IgG titer or proof of 2 MMR vaccines, given at least 4 weeks apart.
c. Mumps- a Positive IgG titer or proof of 2 MMR vaccines, given at least 4 weeks apart.
d. Varicella (Chickenpox)- a Positive IgG titer or 2 VARIVAX vaccines**,** given at least 4 weeks apart.
e. Hepatitis B- a Positive **hepatitis B surface Antibody titer for immunity**; or a signed OSHA Hepatitis B vaccine Declination Form (see OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030).
f. Tdap (Tetanus, diphtheria, acellular pertussis)- proof of **vaccination** with this adult vaccine (Adacel® or Boostrix®). (Childhood vaccines called DTAP are NOT acceptable substitutions).

g. **Influenza vaccine** (seasonal, usually between September 1st and March 31st)
**DATE Influenza Vaccine: _____ Was Vaccine given at RWJBH clinic?** YES or NO
**(**or DATE of RWJBH Influenza Exemption Letter (it must be attached): _____.)

**I attest the above named Individual has completed ALL medical requirements listed above, and all medical documentation is retained in my medical office medical records, EXCEPT:**

**_____.**
**( LIST above only those medical tests or vaccines NOT available in your medical office)**

_____ _____ _____
Physician **SIGNATURE** (conducting exam) **PRINT** Name Date

_____ _____ _____
Physician Address Telephone Number License #

**After above form COMPLETED, call your RWJBH Corporate Care/Employee Health clinic to schedule an apt. for your Urine Drug Screen and review of this Attestation Form.**
Address:
Hours: M-F, 8a-4p Telephone: **FAX:**

**TITLE: NEW VOLUNTEER Medical Clearance Policy**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

Attachment #2 CDC- Recommended Vaccines for Healthcare Workers
**http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html**

Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. If you work directly with patients or handle material that could spread infection, you should get appropriate vaccines to reduce the chance that you will get or spread vaccine-preventable diseases. Protect yourself, your patients, and your family members. Make sure you are up-to-date with recommended vaccines.

**Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.**

| Vaccines | Recommendations in brief |
|---|---|
| **Hepatitis B** | If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should<br>Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2).<br>Get anti-HBs serologic tested 1–2 months after dose #3. |
| **Flu (Influenza)** | Get 1 dose of influenza vaccine annually. |
| **MMR (Measles, Mumps, & Rubella)** | If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to **measles or mumps** (i.e., no serologic evidence of immunity or prior vaccination), **get 2 doses of MMR** (1 dose now and the 2nd dose at least 28 days later).<br>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to **rubella, only 1 dose of MMR** is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps.<br>For HCWs born before 1957, see the MMR ACIP vaccine recommendations. |
| **Varicella (Chickenpox)** | If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get **2 doses of varicella vaccine**, 4 weeks apart. |
| **Tdap (Tetanus, Diphtheria, Pertussis)** | Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).<br>Get Td boosters every 10 years thereafter.<br>Pregnant HCWs need to get a dose of Tdap during each pregnancy. |
| **Meningococcal** | Those who are routinely exposed to isolates of *N. meningitidis* should get one dose. |

**TITLE: NEW VOLUNTEER Medical Clearance Policy**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

Attachment #3: Excerpts from: **MMWR: Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP)** ***Recommendations and Reports*** **June 14, 2013 / 62(RR04);1-34.** Full report found at: **http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm**

**Summary** *This report is a compendium of all current recommendations for the prevention of measles, rubella, congenital rubella syndrome (CRS), and mumps. The report presents the recent revisions adopted by the Advisory Committee on Immunization Practices (ACIP) on October 24, 2012, and also summarizes all existing ACIP recommendations that have been published previously during 1998–2011 (CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 1998;47[No. RR-8]; CDC. Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. MMWR 2001;50:1117; CDC. Updated recommendations of the Advisory Committee on Immunization Practices [ACIP] for the control and elimination of mumps. MMWR 2006;55:629–30; and, CDC. Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60[No. RR-7]).Currently, ACIP recommends 2 doses of MMR vaccine routinely for children with the first dose administered at age 12 through 15 months and the second dose administered at age 4 through 6 years before school entry.* ***Two doses are recommended for adults at high risk for exposure and transmission*** *(e.g., students attending colleges or other post-high school educational institutions,* ***health-care personnel,*** *and international travelers) and 1 dose for other adults aged ≥18 years.* ***For prevention of rubella, 1 dose of MMR vaccine is recommended for persons aged ≥12 months.****At the October 24, 2012 meeting, ACIP adopted the following revisions, which are published here for the first time. These included:*
**For acceptable evidence of immunity,* ***removing documentation of physician diagnosed disease as an acceptable criterion*** *for evidence of immunity for measles and mumps,* ***and including laboratory confirmation of disease as a criterion for acceptable evidence of immunity for measles, rubella, and mumps.***

**Health-Care Personnel Born Before 1957-**Although birth before 1957 is considered acceptable evidence of measles, rubella, and mumps immunity, **health-care facilities should consider vaccinating unvaccinated personnel born before 1957 who do not have laboratory evidence of measles, rubella, and mumps immunity**; laboratory confirmation of disease; or **vaccination with 2 appropriately spaced doses of MMR vaccine for measles and mumps** and **1 dose of MMR vaccine for rubella**. Vaccination recommendations during outbreaks differ from routine recommendations for this group (see section titled Recommendations during Outbreaks of Measles, Rubella, or Mumps).

**Serologic Testing of Health-Care Personnel-** Prevaccination antibody screening before measles, rubella, or mumps vaccination for health-care personnel who do not have adequate presumptive evidence of immunity is not necessary unless the medical facility considers it cost effective. **For health-care personnel who have 2 documented doses of measles- and mumps- containing vaccine and 1 documented dose of rubella-containing vaccine or other acceptable evidence of measles, rubella, and mumps immunity, serologic testing for immunity is not recommended**. If health-care personnel who have 2 documented doses of measles- or mumps-containing vaccine are tested serologically and have negative or equivocal titer results for measles or mumps, it is not recommended that they receive an additional dose of MMR vaccine. Such persons should be considered to have acceptable evidence of measles and mumps immunity; retesting is not necessary. Similarly, if health-care personnel (except for women of childbearing age) who have one documented dose of rubella-containing vaccine are tested serologically and have negative or equivocal titer results for rubella, it is not recommended that they receive an additional dose of MMR vaccine. Such persons should be considered to have acceptable evidence of rubella immunity.

**TITLE: NEW VOLUNTEER Medical Clearance Policy**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

Attachment #4 **Medical Clearance Form - NEW VOLUNTEER Applicant**
(for Robert Wood Johnson BarnabasHEALTH (RWJBH) Medical facilities)

Name: _____ DOB: _____

_____ Teen Volunteer OR _____ Adult Volunteer

_____ YES, the above named New Volunteer is medically cleared to VOLUNTEER at RWJBH medical facilities.

_____ YES, the above named New Volunteer is medically cleared to VOLUNTEER at RWJBH medical facilities with the following Restrictions/Limitations:

_____

_____

_____ NO, the above named New Volunteer is NOT medically cleared to VOLUNTEER at RWJBH medical facilities.

September 1st through March 31st- INFLUENZA vaccination information:

_____ New Volunteer has medical documentation/attestation showing they received the Influenza vaccine this season, ELSEWHERE.

_____ New Volunteer had Influenza Vaccine at a RWJBH facility.

_____ _____
RWJBH- Corporate Care/Employee Health Staff Member Date

Volunteer Director/Representative: _____

**TITLE: NEW VOLUNTEER Medical Clearance Policy**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

Attachment #5 **New Adult Volunteer Vaccine / Immunization DECLINATION Form**

Employee/Patient NAME: _____ Birthdate _____

I. Medical indication for immunization:

A. **New Adult Volunteer** not immune to (either a low/equivocal titer or no/incomplete medical documentation of the CDC recommended vaccine(s) required for "proof of immunity"):

**Measles (Rubeola) _____**
**Mumps _____**
**Rubella (German measles) _____**
**Varicella (Chickenpox / Shingles) _____**

By signing below I certify that:
- I have been informed that I DO NOT have immunity to the above contagious virus(es), and
- I Refuse/Decline to have the CDC recommended Healthcare Personnel vaccination(s), and
- I understand that my refusal will result in all the following:
  1. In the event of an outbreak I may be subject to furlough (not allowed to volunteer) and
  2. The following medical recommendation - limitation - restriction may be placed on me:
     "**No exposure (respirator or contact) to patient(s) contagious with _____virus**.
     (OK to work if wearing N-95 respirator, gown, and gloves)."

B. **New Adult Volunteer** not immune (a low/equivocal titer) to **Hepatitis B** surface antibody:

By signing below I certify that:
- I have been informed that I DO NOT have immunity to the hepatitis B contagious virus, and
- I Refuse/Decline to have the CDC recommended Healthcare Personnel vaccination(s), and
- I certify that I have read the following OSHA Hepatitis B Vaccine Declination:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine; I can receive the vaccination series at no charge to me.

C. **New Adult Volunteer** not immune to **Tetanus, diphtheria,** acellular **pertussis** (whooping cough);
e.g. no medical documentation of having received adult dose of **Tdap (**Adacel® or Boostrix®**).**

By signing below, I certify that:
- I have been informed that I DO NOT have immunity to pertussis (whooping cough), and
- I Refuse/Decline to have the CDC recommended Healthcare Personnel vaccination(s), and
- I understand that my refusal will result in all the following:
  1. In the event of an outbreak I may be subject to furlough, and
  2. The following medical recommendation - limitation - restriction may be placed on me:
     "**No exposure (respiratory) to infants less than 1 year old**.
     (OK to work if wearing N-95 respirator)."

New Adult Volunteer Signature _____ Date _____

Witness Name (Print) _____ Signature _____ Date _____

**TITLE: NEW VOLUNTEER Medical Clearance Policy**
**EFFECTIVE DATE: 12-19-2017** **Corporate Care Policy #6**

Attachment #6: **New Volunteer- Consent and Authorization to Treat Form.**

Name (Please Print): _____ Birthdate:_____

- I hereby give my consent for diagnostic testing and a physical examination to evaluate my suitability for Volunteering within RWJBarnabasHEALTH. I understand that this exam and subsequent exams are to determine my Volunteer placement and continued Volunteer status and not intended to take the place of personal medical care. Additionally, these tests/exams should not be considered complete health assessments; for that I must contact my personal physician.
- I further consent to diagnostic testing, exam, and/or treatment for any injury or illness that occurs in relationship to my Volunteering, or for any other conditions for which I seek care in the Employee Health Department.
- I understand that my medical records will be maintained in a confidential manner. If I transfer to an alternate site within RWJBarnabasHEALTH, I agree that my Volunteer medical records may be transferred to the Employee/Occupational Health Department responsible for the site at which I am Volunteering. Medical records pertaining to a work-related occurrence may be made available to the workers' compensation insurance carrier.
- My responses to any Volunteer Medical History Record Questionnaire will be used to evaluate suitability for Volunteering and/or whether a reasonable accommodation for any disability will be needed.
- I understand that it is important to provide all medical information to the best of my knowledge. If there is information I am uncertain of in this Volunteer application to this request, I must discuss it with a representative from Employee Health Services. Omitting information or providing false information on the medical history form is grounds for withdrawal or termination of Volunteer assignments.
- The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

_____ _____
Employee Signature Date

---

For MINORS (Less than 18 years old; e.g. anyone who is 15, 16, or 17 years old):

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Printed Name Date

_____ _____
Witness Signature Date

---

( ) I have received and read this Consent and Authorization to Treat Form and do NOT provide consent for diagnostic testing, examination, treatment; as a result, I understand my Volunteer Application may be denied.

_____ _____
Volunteer or Parent/Guardian Signature Date