

**Requirements:** TB Screening, COVID-19 (initial series + 1 booster), and documented immunity to the following diseases: Measles, Mumps, and Rubella (MMR), Varicella (chicken pox), Hepatitis B, and Pertussis (whooping cough).

**Recommended (not required):** The Seasonal Flu vaccine is recommended during each flu season.

SMCS Employee Health Services will provide the following services free of charge: TB screening, Seasonal Flu and Hepatitis B vaccines, and post-vaccination titers. Evidence of immunity is outlined below.

Volunteers may visit their own health provider to meet the health requirements not otherwise provided by SMCS Employee Health Services (EHS).

<input type="checkbox"/> <b>MEASLES, MUMPS and RUBELLA:</b> Must provide <i>either</i> proof of vaccination or appropriate titer results as listed below	
1. VACCINE	Must provide official documentation of 2 MMR vaccines. ---OR--- must provide documentation of individual vaccines totaling 2 Measles, 2 Mumps and 1 Rubella
2. TITER	Must provide official documentation of positive laboratory measles, mumps and rubella titers
<input type="checkbox"/> <b>VARICELLA (Chicken Pox):</b> Must provide <i>either</i> proof of vaccination or appropriate titer results as listed below	
1. VACCINE	Must provide official documentation of 2 Varicella (chicken pox) vaccines
2. TITER	Must provide official documentation of positive laboratory varicella titer
<input type="checkbox"/> <b>PERTUSSIS</b>	
VACCINE	Must provide vaccine record of one Tdap vaccine as an adult or adolescent (>11 years) on/after 05/2005.
<input type="checkbox"/> <b>INFLUENZA: During the Flu Season each year.</b> Must provide <i>either</i> proof of vaccination or sign declination as listed below	
VACCINE:	Must provide official documentation of vaccination for the current flu season (Oct-April).
DECLINATION	If decline vaccination, must complete declination form and wear a mask in patient care areas for the duration of the flu season.
<input type="checkbox"/> <b>HEPATITIS B for Volunteers with assignments that have the potential for contact with blood/body fluids.</b> Must provide laboratory evidence of immune titer results	
1. TITER	Must provide laboratory evidence of immunity titer results
2. DECLINATION	If eligible for vaccination and decline to take the series, must complete declination form.
Vaccines and titers are provided free of charge by on-site EHS	*Hepatitis B vaccination is not required, but highly recommended for those who volunteer in an area that have potential for blood or body fluid exposure. If you are unsure if your placement falls into one of these categories, please contact Volunteer Services for clarification.
<input type="checkbox"/> <b>TUBERCULOSIS SCREENING:</b>	
TESTING  TB screening is provided free of charge by on-site Employee Health Services	<ol style="list-style-type: none"> <li>1. For those with no history of a positive TB skin test or IGRA (QuantiFERON Blood Test) <ol style="list-style-type: none"> <li>a. Must provide record of 2 negative tuberculin skin tests performed within a 12-month period, with the most recent one administered and read within 90 days of volunteer start date along with a negative symptom questionnaire (2-step skin test). The 2- step test requires 4 visits to your health provider. The 2nd TB test can be placed one week after the 1st one has been read. OR</li> <li>b. An IGRA performed within the last 90 days along with a negative symptom questionnaire</li> </ol> </li> <li>2. If history of positive TB skin test or IGRA, then official documentation of a chest x-ray within one year of the start of your volunteer assignment with official interpretation by a radiologist should be provided along with a negative symptom questionnaire. Please also provide any documentation of latent tuberculosis treatment.</li> </ol>
<input type="checkbox"/> <b>COVID-19</b>	
VACCINE	Must provide vaccine record of initial series and one (1) booster