

Volunteer Medical Requirements

Once accepted you will be required to upload a medical clearance form signed by a licensed healthcare provider. Please use this as a reference.

#	Type	Primary Series	Alternative	Annually	Expiration Date
1)	Measles, Mumps, and Rubella (MMR)	Medical documentation of 1st and 2nd Dose	Blood Titer indicating immunity to MMR	No	None
2)	Varicella (Chickenpox)	Medical documentation of 1st and 2nd Dose	BLOOD TITER indicating immunity to VARICELLA	No	None
3)	COVID-19 vaccines and booster authorized in the United States	Medical documentation of receiving Moderna or Pfizer BioNTech 1st and 2nd doses with booster 2 months after 2nd dose	Medical documentation of receiving Johnson and Johnson (J&J) 1st dose with booster 2 months after 1st dose	No	None
4)	Tuberculosis (TB) Screening	Medical documentation of a QuantiFERON-TB Gold (also known as QFT-G) blood test completed within the last 3 months.	Positive blood test (documentation of positive TB from any date will be sufficient) AND Medical documentation of a chest radiograph (chest x-ray) report within the last 3 months	YES Updated Yearly	Yearly
5)	Tetanus, Diphtheria, Pertussis Vaccine (Tdap)	Medical documentation of Tdap vaccination	Signed Tdap declination if unable to provide medical documentation	No	None
6)	Hepatitis B	Medical documentation of Hep B vaccinations	Signed Hep B declination if unable to provide medical documentation	No	None
7)	Flu Vaccination	Medical Documentation of Flu if Volunteering October-April	Not Applying to volunteer during Fall and Winter Session	YES	Yearly