BRING THIS FORM TO YOUR DOCTOR

UNIVERSITY HOSPITAL
Newark, New Jersey

Volunteer Services
HEALTH CERTIFICATE

Volunteer Applicant Name: _____ SS#:_____
(Last, First, MI)

Address: _____
(Street, City, State, Zip)

Telephone Number: (_____) _____ DOB: _____/_____/_____

1. **Measles, Mumps, Rubella, and Varicella:** The CDC defines immunity to these viruses as one of the following:

(1) Appropriate immunization*, (2) positive titer, diagnosed case of the illness.

Given the above definition of immunity, please complete the following information for this

Individual.

VACCINE: Dates of each injection or exposure.

Measles: Yes_____ No_____ Mumps: Yes_____ No_____

Rubella: Yes_____ No_____ Varicella: Yes_____ No_____

*Measles, Mumps, and Rubella Vaccine (MMR): Two doses of live measles (or MMR) vaccine, at least one month apart, on or after his/her first birthday. Varicella Vaccine: Individuals who receive the vaccine between 12 months and 12 years of age are required to only receive one dose of the vaccine. Individuals over the age of 13 should receive two doses of the vaccine 4 to 8 weeks apart. If unsure of immune status, please have titers done.

2. **Hepatitis B Vaccine:** If you have given this patient the Hepatitis B vaccine, please record the dates that it was given.

1st dose _____/_____/_____ 2nd dose_____/_____/_____ 3rd dose_____/_____/_____

3. **Tuberculosis Testing:** If you have ever placed a Monteux Test (PPD) on this patient, please record the two most current test dates and results. If positive, please provide documentation of a chest x-ray.

Date: mo. /date/yr. Amount Result (mm)

1._____

2._____

4. **Health Status:** To my knowledge this applicant:

a. Is free from contagious disease and capable of performing all volunteer assignments.

Yes_____ No_____

b. If no, please list what precautions need to be taken and if the volunteer has any restrictions in her or his activities:

_____

_____

5. **Doctor's Name:** _____ **Doctor's Signature:** _____

6. **Doctor's Address:** _____

UNIVERSITY HOSPITAL
Newark, New Jersey

Volunteer/Intern Health Screening

Volunteer: Tuberculosis, Measles, Rubella, Varicella and Hepatitis B Screening

Dear Applicant,

Please note that the form Health Certificate must be presented to your physician for the physical exam. It requests an evaluation for immunity status for Measles, Rubella, Varicella and Hepatitis B. Proof of Hepatitis B immunity may be established via a titer or date of when 3 vaccine doses where given.

NJDHSS, NJHA, CDC require all hospital healthcare workers and volunteers to be screened for Tuberculosis and other diseases.

The initial **two-step** (two doses, one week apart) PPD/Tuberculin Skin Test for Tuberculosis may be done with your private physician, or at University Hospital's Employee Health Department, Monday – Friday, 7a.m - 3p.m. Employee Health is located on the A-Level of the Main Building, Suite A-1020. **(The easiest way to get there would be by entering through the main entrance of University Hospital and taking the elevator to A-Level and following the red stripe on the wall to Employee Health).**
***Please bring this form and your entire Volunteer Application with you when reporting to Employee Health for this TB skin test. There is no fee for this test.**

**** Parent or legal guardian of minors must be present for placement of TB skin test ****

The skin test will be placed /injected on the forearm just under the first layer of skin (intradermal) and must be read 48 hours - 72 hours after. Tuberculin skin tests may be read by a registered nurse, a school nurse or a private physician. If the test is administered by University Hospital's Employee Health Center, we will provide the form for documentation of off- site readings.

Allergy to eggs or taking large doses of Prednisone must be reported to Employee Health.

If the applicant has had a negative PPD/Monteux/Tuberculin skin test within the last 12 months, then please submit the documentation for review. The second one may be given at University Hospital Employee Health Department.

If the applicant has a *past history* of a positive skin test (that of an induration greater than 10mm), documentation of a medical evaluation and *treatment plan* will be requested. A copy of a current chest-x-ray report by a radiologist should also be submitted for review but is not enough by itself. The treatment plan must be documented regardless of declining or accepting treatment. Please bring any past documentation for review to Employee Health Center and/or submit it with your Volunteer Application.

New positives will be followed up as per University Hospital Policy.

I hereby give permission for Tuberculosis skin testing/ screening for:

Parent or legal guardian must be present for placement of Tb skin test

Volunteer's Name: _____

Name of parent /legal Guardian (Print): _____

Signature of parent/legal guardian _____ Date____/____/____

Any questions about this test, may be directed to Employee Health Center at 973-972- 3066

UNIVERSITY HOSPITAL
Newark, New Jersey

Human Resources
Criminal Background Check

First Name _____ Last Name _____ Middle Initial _____

Other Name(s) You Have Used: _____ Date of Birth _____

Social Security No. _____ Telephone Number _____ E-Mail Address _____ Date _____

Please list all addresses for the past ten years. If more than three, please use the reverse side of this form.

1) _____ From - To _____
Full Street Address, City, State

2) _____ From - To _____
Full Street Address, City, State

3) _____ From - To _____
Full Street Address, City, State

HUMAN RESOURCES USE ONLY - Level IV Screening

Select report type by placing a check in the appropriate box.

NEWARK		
☐ 470 Regular Staff		
☐ 330 Regular Staff		
☐ 331 Volunteer Staff		
☐ Intern		
☐ Residents		
☐ 923 Adecco		
☐ 960 Other		
☐		

Human Resources Generalist: _____ **Date** _____

Comments:

Revised July 2013

UNIVERSITY HOSPITAL
Newark, New Jersey

VOLUNTEER SERVICES
DISCLOSURE AND AUTHORIZATION FORM

In connection with my application for employment or volunteer service with University Hospital, I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended (FCRA), 15 U S C 1681 et seq., may be obtained by University Hospital from a consumer reporting agency. I understand that the report may include but not be limited to my consumer credit history, education, professional licensing, professional liability claims history, criminal history, driving history, personal character, abilities, work habits, charges of research misconduct, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for employment or volunteer service, including reasons for termination of past employments. I further understand that the consumer reporting agency may not give out information about me to University Hospital without my written consent.

I understand that I am entitled to be informed if an offer of employment or volunteer assignment is withheld because of information obtained from the consumer reporting agency, and that I will be provided with a copy of the report and a written description of my rights under the Fair Credit Reporting Act before the decision is finalized.

I hereby authorize University Hospital and affiliated clinical facilities where I will be expected to work to obtain consumer reports in connection with my application for employment or volunteer service with University Hospital. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to University Hospital and/or their representatives information pertaining to me.

Note: The phrases and wording contained in this authorization are required under the FCRA. University Hospital will not run a credit check on an applicant as part of the investigation unless the position or volunteer assignment for which applied requires financial information on a prospective candidate. The candidate will be notified if a credit check is required.

Please Print

Name: _____ SS#: _____ Telephone#:_____

Other name(s) used: _____ Email: _____

Applicant Signature: _____ Date: ___ /___ /___