Immunization Records

The Wisconsin Department of Health and Human Services requires all hospital volunteers who may have patient contact to complete a health history and provide proof of measles, mumps and rubella immunity or vaccination. If no record exists, a blood test is needed to determine immune status. Children’s Hospital may perform this lab work for you. Those individuals lacking immunity must be vaccinated prior to having patient contact. A history of your chickenpox (varicella) immunity is also required.

1. Please attach official proof of having received 2 MMR (Measles, Mumps & Rubella) vaccines. **See note below**

2. Please answer the following questions regarding chickenpox (Varicella):
   - Have you had a titer for chickenpox (Varicella)? Yes____ No___
     If Yes, please provide official documentation of the titer, including dates and results. **See note below**
   - OR Have you received two chickenpox (Varicella) immunizations? Yes____ No___
     If Yes, please provide official documentation. **See note below.**

If No to all of the above, you will need to obtain a titer showing you are immune to chickenpox or obtain 2 chickenpox (Varicella) immunizations from your physician and submit official proof with your application. CHW does not provide this.

**Official documentation of immunizations/titer includes the following:**
- Pediatrician, physician, or clinic documented immunizations.
- Immunization records from a public health clinic.
- Immunization records from a state database such as the WIR (Wisconsin Immunization Registry).
- Military immunization records.
- International immunization cards/Passport immunization records/WHO cards.
- Records from employers or schools based on the above documents or actual test results, generally completed for the admission into a clinical or health care program or employment in a medical field.
- **Handwritten, family documentation is not acceptable.**

Seasonal Flu Vaccinations

All Children’s Hospital of Wisconsin volunteers and staff are required to receive the seasonal flu vaccine. You will receive notification when the Children’s Hospital and Health System flu vaccine clinics are available each fall. The vaccine is available at no charge to volunteers. Official documentation of an influenza vaccine received elsewhere is required.
In addition to the required health documentation you have provided, please explain any ongoing health problems, communicable diseases and/or any physical, cognitive, or learning limitations, which may require accommodation in order to allow you to perform volunteer duties at Children’s Hospital of Wisconsin:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I hereby declare that all statements included in this Health Assessment are true and correct to the best of my knowledge.

Signature: _________________________________________      Date: ________________
Signature of parent or guardian, if minor
Date: ________________

The information you provide will be maintained in your volunteer file and is confidential.

Thank you for your cooperation.

If you are currently under the care of a physician for an ongoing health issue, the following must be completed by a health care practitioner:

This patient is free of communicable disease and current with his/her immunizations Y  N

As a volunteer, this applicant may be assigned to a patient care area, walk a significant distance, and/or perform light physical duties such as pushing a wheelchair.

This patient may volunteer:

☐ Without restrictions.
☐ With the following restrictions: ________________________________________________

______________________________________________       Date: ___________________
Signature of Physician, Nurse Practitioner, or Physician assistant

Date: ___________________