Sibley Memorial Hospital
Volunteer Service Department
5255 Loughboro Road NW
Washington, D.C. 20016
P : (202) 537 - 4485
F : (202) 370 - 6585

SIBLEY MEMORIAL HOSPITAL
JOHNS HOPKINS MEDICINE

VOLUNTEER MEDICAL CLEARANCE FORM

This document must be completed by a licensed independent provider.

All information contained in this document is strictly confidential.

Name *(last, first, M.I.):*	☐M ☐F	**DOB:**

IMMUNIZATIONS

MMR (Measles, Mumps, Rubella):	Please provide laboratory evidence of immunity by titer, documented illness or two doses of MMR. Note: If born before 1957, you have acceptable presumptive evidence of measles, mumps and rubella immunity.			
Immunizations and dates:	☐ MMR (Combo vaccine)	Dose#1 Dose#2		☐ Rubella Dose #1 Titer Date: Dose #2 Immune: (Y) / (N)
	☐ Measles Single Vaccine	Dose#1 Dose #2	Titer Date: Immune: (Y) / (N)	☐ Born before 1957
	☐ Mumps	Dose#1 Dose #2	Titer Date: Immune: (Y) / (N)	☐ MMR Dates of Illness: Measles _____ Mumps _____ Rubella _____

VZV (Varicella):	Please provide laboratory evidence of immunity by titer, documented shingles vaccine, documented illness, or two doses of varicella vaccine.			
Immunizations and dates:	☐ VariVax (Varicella vaccine)	Dose #1 Dose #2	Titer Date: Immune: (Y) / (N)	Shingles Vaccine Date: _____ Chickenpox Date of Illness: _____

TDAP (Tetanus, Diphtheria, Pertussis):	Volunteer applicants will need one-time dose of TDAP regardless of when previous dose of Td was received. Volunteers will need Td boosters every 10 years thereafter.
Date:	

Hepatitis B Vaccine:	Providing proof of laboratory evidence of immunity by titer or three doses of Hepatitis B vaccine is optional.	
Dates:	Dose #1	Dose #3
	Dose #2	Titer Date: Immune: (Y) / (N)

Influenza Vaccine:	During influenza season, all volunteers are required to provide documented proof of vaccine administration. Volunteers declining the vaccine for medical or religious reasons must submit an appeal to Johns Hopkins Medicine.
Date:	

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PHYSICAL AND EMOTIONAL HEALTH ASSESSMENT

The above Volunteer Applicant is free from contagious or debilitating disease.	☐ **Yes**	☐ **No**
The above Volunteer Applicant is able to transport and discharge patients and stock supplies (minimum 25 lbs.).	☐ **Yes**	☐ **No**
The above Volunteer Applicant is able to perform extensive walking, sitting, bending, stooping, and standing.	☐ **Yes**	☐ **No**
The above Volunteer Applicant is able to push carts for delivering flowers and packages.	☐ **Yes**	☐ **No**
The above Volunteer Applicant is able to push patients in wheelchairs for discharges (minimum 50 lbs. push/pull force).	☐ **Yes**	☐ **No**
The above Volunteer Applicant is physically able to safely handle wheelchairs in connection with patient admissions and discharges and to walk throughout the hospital.	☐ **Yes**	☐ **No**
In my judgment, the above Volunteer Applicant is both physically and emotionally stable, and there is no reason why the Applicant should not be able to perform the demanding tasks of Volunteer activity at Sibley Memorial Hospital.	☐ **Yes**	☐ **No**

_____

Licensed Independent Provider Signature, Name, & Date

_____

Address

_____

Telephone

PLEASE ATTACH PROOF OF AN UPDATED PPD (TUBERCULOSIS TEST)