TEEN VOLUNTEER PROGRAM
MOFFITT OCCUPATIONAL HEALTH REQUIREMENTS

BEFORE YOU CAN START VOLUNTEERING- Gather, complete, and submit the following documentation. Participants who do not provide the required documentation, will not be cleared by the Moffitt Occupational Health department.

REQUIREMENTS

A. Submit a Copy of Your Immunization record(s)

A copy of your immunization record can be obtained from places such as a school, previous employer, your personal physician (pediatrician), or your state's public health department. All vaccinations administered in the state of Florida are recorded in Florida Shots, and you may request a copy of your vaccine records on their website at https://www.flshotsusers.com/. Please be aware that it can take up to a week to obtain the requested record.

What we will be looking for from the immunization record:

- □ Proof of two (2) MMR vaccines (Measles, Mumps & Rubella) **OR** bloodwork documentation showing immunity.
- □ Proof of two (2) Varicella (Chicken Pox) vaccines **OR** bloodwork documentation showing immunity.
- □ Proof of a completed Hepatitis B vaccine series **OR** bloodwork documentation showing immunity.
- □ Proof of current influenza vaccination (September – March).

B. Submit Proof of a Negative QuantiFERON (QFT) blood test result within 1 year.

- TB Skin test will **NOT** be accepted.

C. Sign & Submit- Hepatitis B Declination Form

- You have provided documentation of immunity to Hepatitis B. Additional vaccination is not indicated at this time. The Hepatitis B Declination form is required by OSHA and must be recorded in your Employee/Volunteer Health Record.
- The declination form must be signed by a legal parent or guardian if participant is under the age of 18.

INFORMATION ABOUT HEPATITIS B VACCINE

THE DISEASE

Hepatitis B is a viral infection caused by the Hepatitis B Virus (HBV). The mortality rate for HBV infection is 1-2%. Transmission occurs by percutaneous or mucosal exposure to infective blood or body fluids. Most persons who develop Hepatitis B recover completely, but approximately 2-6% becomes chronic carriers of the virus. Carriers have no symptoms but can continue to transmit the disease to others. Some carriers may develop chronic active hepatitis, cirrhosis, or liver cancer. Immunization is available to provide protection against Hepatitis B.

This is free to employees who are exposed to blood or other potentially infectious materials.

THE VACCINE

ENGERIX: ENGERIX-B IS CONTRAINDICATED IN THE PRESENCE OF HYPERSENSITIVITY TO YEAST. SAFE FOR WOMEN WHO ARE PREGNANT AND LACTATING.

HEPLISAV-B: CONTRAINDICATED FOR WOMEN WHO ARE PREGNANT AND LACTATING DUE TO NO TESTING WITH THAT POPULATION. DO NOT ADMIN THIS TO ANYONE WITH A PREVIOUS REACTION TO A HEP B VACCINE OR A HYPERSENTIVITY TO YEAST. IMMUNOCOMPROMISED PERSONS INCLUDING INDIVIDUALS THAT ARE RECEIVING IMMUNOSUPPRESANT THERAPY HAVE A DIMINISHED IMMUNE RESPONSE.

POSSIBLE VACCINE SIDE EFFECTS

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the side of injection. Low grade fever may occur. Rash, nausea, joint pain, headache, and mild fatigue have been reported. The possibility exists that more serious side effects may be identified with more extensive use.

DECLINATION:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I **DECLINE** Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B Virus, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Print Employee Name Date

_____ _____

Employee Signature (Parent/Guardian if <18) Relationship