

Annual Renewal Paperwork

Please update your personal information below if there has been a change since last year.

If there are no changes, print your name and check the “no changes” box.

Thank you!

NO CHANGES: ☐

VOLUNTEER INFORMATION: (Please Print)

Last Name	First Name	Middle Name
Street Address (Not a P.O. Box) <input type="checkbox"/> New Address		Apartment Number
City	State	Zip Code
Home Phone Number	<input type="checkbox"/> Office <input type="checkbox"/> Cell	E-mail Address
Emergency Contact	Phone Number	Relationship

EMPLOYMENT INFORMATION

☐ Employed

☐ Unemployed

☐ Retired

☐ Student

☐ Homemaker

Employer's Name		
Street Address		Department
City	State	Zip Code
My Employer Offers: <input type="checkbox"/> Donation Matching Program <input type="checkbox"/> Time-off Program		

VEHICLE INFORMATION:

Make, Model, and Year:	
Color:	Plate Number and Plate State:
Hangtag Number (if one has been issued to you already):	

Volunteer's Signature _____ Date _____

Return to:
Cook Children's Medical Center
Volunteer Services
801 Seventh Avenue
Fort Worth, TX 76104

volunteer statement of agreement renewal

We sincerely hope you have found many benefits from your volunteer participation thus far. We wish you continued success this coming year!

Please read the following agreement carefully, then sign and date it at the bottom. If you have any questions, please call 682.885.4337.

I agree to comply with all departmental procedures and will perform my volunteer duties in a manner consistent with the published policies and procedures of Cook Children's. These include the following:

- I will maintain confidentiality at all times and in all places in accordance with HIPAA guidelines and Cook Children's policies.
- I will respect the privacy of patients and families. I understand that I will not have access to patients' medical records. I will not be allowed to take photos/videos of patients and families.
- I will maintain appropriate, professional boundaries with patients, families, other volunteers, and staff.
- I will not give medical or legal advice but will make appropriate referrals to Cook Children's staff.
- I will not talk with the media, but instead direct them to the Public Relations Department.
- I will treat patients, families, visitors, staff, and other volunteers with dignity and respect, regardless of race, religion, gender, age, national origin, disability or socioeconomic status.
- I will refrain from sharing personal information such as my home/cell phone number, email address, medical experiences, and personal issues.
- I will not accept personal gifts from nor give personal gifts to patients and families. I will not give or loan money or give transportation to patients and families.
- I will not participate in any pyramid or endless chain scheme nor attempt to sell anything while on duty or while representing Cook Children's in the community.
- I will not use, possess, or be under the influence of alcohol or illegal drugs while volunteering or representing Cook Children's in the community.
- I will not discuss problems, criticisms, or grievances in public areas nor in the presence of patients and families but rather respectfully direct them to the appropriate Cook Children's staff.
- I will be dependable, punctual, and conscientious.
- I will notify my assigned department/unit supervisor in a timely manner (preferably 24 hours' notice) if I am unable to serve on my normal shift due to illness, vacation, or tardiness due to unforeseen circumstances.
- I will be responsible for checking in/out for each shift using the touchscreen computer (or sign in sheet) to record my hours.
- I will keep myself informed of new policies and procedures, updates, etc. by reading V-mail messages and other communications sent to me from the Volunteer Services Department.
- I will maintain an appropriate uniform, a well-groomed appearance, and a professional manner.
- I will remain in my assigned area unless otherwise instructed by supervising staff.
- I agree to the minimum hours commitment for my particular volunteer program:
 - ☐ 50/year (adult volunteer) ☐ 25/semester (college volunteer) ☐ 32-64/summer (junior volunteer)

I hereby renew my commitment to the above policies and guidelines. I have been given the opportunity to ask questions. I understand that failure to comply may result in probation and/or dismissal from service as a volunteer. I further understand that, as a volunteer, I will not receive compensation for services.

Volunteer

Volunteer Services Representative

Date

Date

ANNUAL SAFETY REVIEW INFORMATION

BLOODBORNE PATHOGENS: The most significant blood borne diseases that health care workers come in contact with are Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Hepatitis B Virus poses the highest risk of exposure of all the blood borne diseases that a health care worker may come in contact with. Transmission routes of Hepatitis virus and HIV include contact between broken skin or mucous membranes and infected blood/body fluids. HIV is not transmitted by touching, feeding or casually working around patients who carry the disease. HBV has the ability to survive in dried blood for up to seven days whereas HIV is a very fragile virus and cannot live very long outside the human body. Hepatitis B vaccinations are available free of charge to all employees/volunteers interacting directly with patients.

Hand washing is the single most important means of preventing the spread of infection. Hands should be washed for at least 15 seconds vigorously rubbing hands together and working up a good lather. Hand washing should be done frequently, especially before and after patient contact.

Use of Personal Protective Equipment (gowns, gloves, masks) is determined by the task or job to be done and the chance of likely exposure. Gloves must be worn if there may be skin contact with blood/body fluids, mucous membranes or broken skin of a patient, or handling/touching of items or surfaces containing blood/body fluids. Hands must be washed after wearing gloves or other Personal Protective Equipment. Masks and eye protection must be worn if body fluids could splash or spray into your eyes, nose, or mouth.

Exposures to blood borne pathogens should be reported immediately to your manager or supervisor and to our Occupational Health Dept. even if you know that the source individual does not have an infection.

The term "Standard Precautions" means treating all blood/body fluids, regardless of the patient's diagnosis, as potentially infectious and behaving accordingly, i.e., using protective measures. Soiled linens should always be handled as potentially infectious.

Employees' and volunteers' work-related exposures and medical records (including TB Test results) are kept confidential.

Volunteers should never use a patient's bathroom regardless of the situation.

FIRE SAFETY: During all emergency codes, volunteers are considered part of the responding team and should be prepared to act. To report a fire or other emergency code, you should dial extension 51111 and give your location to the operator.

In the case of smoke or fire, you should put the **R.A.C.E.** plan into effect. In other words, **R**escue those in danger, **A**larm, **C**ontain the fire, **E**xtinguish the fire if it is safe to do so, or **E**vacuate. The number one priority in any fire is always to protect life. Our fire extinguishers are multi-purpose and can be used on all types of fires. If you cannot safely extinguish a fire, you should close the door to the room and not open it again. Place a damp towel under the bottom of the door to contain the smoke. Leave the area. If you can safely extinguish a fire using a fire extinguisher, remember to **P.A.S.S....** **P**ull the pin, **A**im the extinguisher at the base of the fire, **S**queeze the trigger, **S**weep from side to side. Our extinguishers can be used on all types of fires.

Smoke zones are areas of the medical center separated by fire doors and other barriers that slow the spread of smoke and fire. It is never acceptable to use door stoppers to prop fire doors open since the doors could not stop the spread of smoke or fire in the open position.

When the emergency has ended, the All Clear is announced on the overhead paging system.

HAZARDOUS CHEMICALS: Hazardous chemicals are used every day in the hospital. They can range from flammable liquids, to toxic or poisonous agents (like chemo), to corrosives. OSHA's Right to Know Rule states that employers have the responsibility to assure a safe work environment, inform employees of the hazardous chemical used in the work area, and train staff on the proper use, storage and disposal of those chemicals.

Safety Data Sheets (SDS) contain information about chemicals we use in the medical center. They include the name and ingredients, physical and health hazards, and spill or leak cleanup procedures. If a chemical is spilled or released, you should remove people from the area. Some of the health hazards of chemicals include burns, difficulty breathing, and cancer. When working with chemicals, you should wear the proper personal protective equipment required by the SDS.

All hazardous chemical containers must have a warning label. In the case of a spill, a common first aid procedure for chemical exposure is washing or flushing the affected area with water. Only trained staff should clean up a hazardous spill because hazardous chemicals can cause both physical and health hazards.

PATIENT SAFETY: Staff and volunteers are encouraged to use Patient Identifiers when interacting with patients. Their name, birthdate and armband are examples of Patient Identifiers. Cook Children's now has a Safe Sleep Initiative. Babies are to be placed on their back to sleep. No blankets, no pillows, no bumper pads, and no swaddling of babies ages 0-12 months.

After reviewing the safety information, please complete the corresponding safety test.

SAFETY REVIEW TEST: _____

Volunteer Name

Date

Blood borne Pathogens

1. The most significant blood borne diseases health care workers come in contact with are:
 - a. Hepatitis B Virus (HBV)
 - b. Hepatitis C Virus (HCV)
 - c. Human Immunodeficiency Virus (HIV)
 - d. All of the above
2. Of all the blood borne diseases, which poses the highest risk of exposure?
 - a. HIV
 - b. HCV
 - c. HBV
3. The single most important work practice for preventing the spread of infections is:
 - a. Isolating patients and visitors with infectious disease.
 - b. Wearing gloves when handling articles contaminated with blood and body fluids
 - c. Hand washing
 - d. Staying home when you are ill
4. Hands should be washed by a vigorous rubbing together of all surfaces of soaped hands for at least:
 - a. 15 seconds
 - b. 60 seconds
 - c. 1 ½ minutes
 - d. 2 minutes
5. The health care worker/volunteer determines the need for Personal Protective Equipment based on:
 - a. What equipment is available
 - b. The patient's diagnosis
 - c. The task or job to be done and the chance of likely exposure
 - d. Personal preference
6. Health care workers/volunteers must wear gloves when there is the possibility of:
 - a. Skin contact with blood or any other body fluid
 - b. Skin contact with the mucous membranes or broken skin of any patient
 - c. Handling or touching any items or surfaces soiled with blood or body fluids
 - d. All of the above
7. Transmission routes of HBV, HCV, and HIV include contact between broken skin and infected blood or other body fluids.
 - a. True b. False
8. Occupational exposures such as patient's blood getting on your skin or in your eyes should be reported immediately to your manager/supervisor and Cook Children's Occupational Health Department.
 - a. True b. False
9. Health care workers/volunteers should wash hands immediately or as soon as possible after removal of gloves or other Personal Protective Equipment:
 - a. True b. False
10. Standard precautions means treating blood/body fluids of all patients, regardless of diagnosis as potentially infectious.
 - a. True b. False
11. Personal Protective Equipment includes masks, gloves, and gowns.
 - a. True b. False
12. Soiled linens should always be handled as potentially infectious.
 - a. True b. False
13. If you are exposed and know that the source individual does not have an infection, there is no need to report the exposure
 - a. True b. False

14. Employees'/volunteers' work-related exposure and medical records are kept confidential.
a. True b. False
15. HIV is not transmitted by touching, feeding, or casually working around patients who carry the disease.
a. True b. False
16. Hepatitis B vaccinations are available free of charge to all employees/volunteers with patient care interactions.
a. True b. False
17. A mask must be worn if fluids could splash or spray into your nose or mouth.
a. True b. False
18. The Hepatitis B virus has the ability to survive in dried blood for up to seven days whereas HIV is a very fragile virus and cannot live very long outside of the human body.
a. True b. False
19. Hand washing is only required after patient contact.
a. True b. False
20. Exposure to blood or body fluids can occur only through needle sticks.
a. True b. False
21. Mucous membranes are a potential route of entry into the body for blood borne pathogens.
a. True b. False
22. It is OK for the volunteer to use the patient's bathroom in an emergency.
a. True b. False
23. Cavicide is used to disinfect toys and surfaces.
a. True b. False

Fire Safety

1. Volunteers are considered part of a unit's/department's emergency response team.
a. True b. False
2. In a fire, you should do the following in this sequence:
a. Extinguish the fire; Protect the lives of patients, visitors and staff; Report the fire.
b. Rescue any patients, visitors and staff; sound the Alarm; Contain the fire; Extinguish the fire if it is safe or Evacuate.
c. Report the fire; Extinguish the fire; Protect the lives of patients, visitors and staff.
d. Evacuate the building; sound the Alarm; reenter and Extinguish the fire.
3. The number one priority in any fire is to:
a. Contain the fire
b. Report the fire
c. Extinguish the fire
d. Protect life
4. If you cannot safely extinguish a fire, you should:
a. Leave the area
b. Close the door to the room and do not open it.
c. Place a damp towel or blanket under the bottom of the door to contain the smoke
d. All of the above
5. To properly use a fire extinguisher, you should:
a. Unlock, Squeeze and Aim
b. Follow the instructions on the specific type of extinguisher that is being used as each type operates differently.
c. Pull, Aim, Squeeze and Sweep (P.A.S.S.)
d. None of the above
6. The multi-purpose dry chemical fire extinguisher can extinguish which type of fires:
a. Wood, paper, and trash
b. Electrical
c. Flammable Liquid
d. All of the above

7. Cook Children's has a no smoking policy.
 - a. True
 - b. False
8. Smoke zones are areas of a building separated by fire doors and other barriers that slow the spread of smoke and fire.
 - a. True
 - b. False
9. It is acceptable to use door stoppers to hold open fire doors.
 - a. True
 - b. False
10. Code Green means the staff should prepare for a sudden increase in patients.
 - a. True
 - b. False
11. To report any emergency in the medical center, dial:
 - a. "0" to reach the Operator
 - b. "51111" to reach the Operator
 - c. "911"
 - d. None of the above
12. The All Clear is announced when a code has ended.
 - a. True
 - b. False
13. A list of emergency codes can be found on the back of employee/volunteer badges.
 - a. True
 - b. False

Hazardous Chemicals

1. Hazardous chemicals include:
 - a. Flammable liquids
 - b. Toxic or poisonous agents
 - c. Corrosives
 - d. All of the above
2. Chemo is an example of a hazardous chemical.
 - a. True
 - b. False
3. OSHA's Right to Know Rule states that employers have the responsibility to:
 - a. Assure a safe work environment
 - b. Inform employees of the hazardous chemicals being used in the workplace
 - c. Train employees on the proper use, storage, and disposal of hazardous chemicals
 - d. All of the above
4. SDS stands for:
 - a. State Data Source
 - b. Scientific Disclaimer Statement
 - c. Safety Data Sheet
 - d. Source Data Screen
5. An SDS contains information on the chemical including:
 - a. Name and ingredients
 - b. Physical and health hazards
 - c. Spill or leak cleanup procedures
 - d. All of the above
6. If a chemical is spilled or released, you should:
 - a. Clean it up immediately yourself
 - b. Report it to the Fire Department
 - c. Remove people from the area
 - d. All of the above
7. Some of the health hazards of chemicals include:
 - a. Burns
 - b. Difficulty breathing
 - c. Cancer
 - d. All of the above

8. When working with chemicals, you should:
- a. Read the warning labels after you have used the chemical
 - b. Wear the proper personal protective equipment
 - c. All of the above
 - d. None of the above
9. Hazardous chemicals like liquid paper, chemo, and cleansers, are used every day in the hospital.
- a. True b. False
10. All hazardous chemical containers must have a warning label
- a. True b. False
11. Hazardous chemicals can be harmful only if inhaled.
- a. True b. False
12. A common first aid procedure for hazardous chemical exposure is washing/flushing the area with water.
- a. True b. False
13. Anyone can clean up a hazardous chemical spill.
- a. True b. False
14. Hazardous chemicals can cause both physical and health hazards.
- a. True b. False
15. Cavicide should be sprayed on toys or surfaces and immediately wiped off.
- a. True b. False

Patient Safety

1. Asking for a patient's name and birthdate, then checking their armband to verify is an example of using Patient Identifiers.
- a. True b. False
2. It is safe to have a light blanket in the crib with a sleeping newborn.
- a. True b. False

**COOK CHILDREN'S
2015/2016 ANNUAL CODE OF CONDUCT REVIEW**

The Code of Conduct is a document that states the guidelines under which Cook Children's employees/volunteers must operate. The following lists its contents. If you would like more detailed information, a copy of the current Code of Conduct is always accessible in the volunteer check-in area, or you may receive your personal copy upon request from Volunteer Services.

After reviewing the following, please sign the acknowledgement form and return it to Volunteer Services. Please contact 682-885-4337, if you have any questions.

Compliance Requirements:

- Accuracy, Retention and Disposal of Documents and Records
- Antitrust
- Behaviors That Undermine a Culture of Safety
- Coding and Billing for Services
- Community Activities
- Confidentiality of Information
- Conflict of Interest
- Copyright
- Cost Reports
- Electronic Media
- Emergency Treatment
- Employment Practices
- Environmental Practices
- False Claims Act
- Financial Reporting and Records
- Firearms and Weapons
- Fraudulent or Illegal Activities
- Gifts
- Government Relations
- Harassment
- Health and Safety
- Intellectual Property
- Interactions with Physicians
- Legal Compliance
- License and Certification Renewals
- Personal Use of Cook Children's Resources
- Political Activities
- Quality of Care
- Receiving and Extending Business Courtesies
- Relationships with Subcontractors and Suppliers
- Research, Investigation and Clinical Trials
- Sanctioned Persons
- Social Activities
- Social Networking and Social Media Use
- Software Licenses
- Solicitation and Distribution
- Substance Abuse
- Work Place Violence

Conduct Requirements:

- Responsibilities
- Reporting
- Interpretation/Clarification
- Corrective Measures
- Acknowledgment

**COOK CHILDREN'S
2015/2016 ANNUAL CODE OF CONDUCT REVIEW**

ACKNOWLEDGMENT

"I certify that I have received and read the Cook Children's Code of Conduct and have been provided the opportunity to ask questions. I understand that I am required to comply with the Code of Conduct and any revisions to the Code of Conduct. I understand there are several sources within the Cook Children's that I can consult if I have additional questions concerning the meaning or application of the Code of Conduct or relevant legal and regulatory requirements. These include my supervisor, any member of management, Human Resources, Internal Audit, Legal or and member of the Corporate Compliance of Advisory Committee."

Signature

Printed Name

Date

ANNUAL HIPAA REVIEW

Volunteer's Name: _____ Date: _____

Volunteer's Signature: _____

Please complete the following review of confidentiality and privacy regulations by checking whether the statements are true or false. Thank you!

1. Discussing a patient/family's private information in public areas like elevators or hallways, is a HIPAA violation and against the law.
☐ True ☐ False
2. Using social media like blogs, Facebook, texts, or tweets to comment about a patient is a HIPAA violation.
☐ True ☐ False
3. Cook Children's employees and volunteers are required to complete HIPAA training and abide by its regulations at all times, even when off duty, away from the medical center, or no longer actively volunteering.
☐ True ☐ False
4. Protected Health Information (PHI) includes spoken or written information that relates to all aspects of the patient's physical or mental condition.
☐ True ☐ False
5. Confidential information does not include the patient's name, age, or address.
☐ True ☐ False
6. According to law, the patient/patient's family must be notified if their privacy has been breached by an employee or volunteer.
☐ True ☐ False
7. Overhearing parents speak with their nurse about their child's diagnosis and then discussing that conversation is an example of a HIPAA violation.
☐ True ☐ False
8. Failure to comply with HIPAA regulations can result in immediate termination of an employee or volunteer.
☐ True ☐ False
9. Volunteers should be given enough protected health information (PHI) about a patient to be able to care for him/her safely. Example: Being informed that the patient has a seizure disorder.
☐ True ☐ False
10. Asking a nurse or family member about a patient's condition or progress is a HIPAA violation.
☐ True ☐ False

Rvsd. 5/2014

ASSESSMENT OF YOUR VOLUNTEER EXPERIENCE

Cook Children's Medical Center

As part of our continued effort to improve your volunteer experience, we encourage you to share your feedback by completing the form below. Please be as honest as possible. Upon completion please return the assessment to the Volunteer Office. Thank you for serving!

Name _____ Date _____

Department(s) _____

Start Date _____

Shifts (circle all that apply) AM PM EVENING WEEKEND

Rating Scale

1=never	2=rarely	3=sometimes	4=almost always	5=always
---------	----------	-------------	-----------------	----------

1. I enjoy my volunteer role in _____ (department). 1 2 3 4 5

Comments: _____

2. I feel that my contribution is important and valued. 1 2 3 4 5

Comments: _____

3. I am comfortable with the amount of contact I have with my department supervisor. 1 2 3 4 5

Comments: _____

4. My supervisor/department contact is approachable and easily reached when needed. 1 2 3 4 5

Comments: _____

5. The staff in my department(s) is courteous, helpful, and supportive. 1 2 3 4 5

Comments: _____

(see reverse side)

6. I am comfortable with the amount of responsibility I am given. 1 2 3 4 5

Comments: _____

7. I am given sufficient instruction and feedback to complete my responsibilities well. 1 2 3 4 5

Comments: _____

8. My volunteer work is interesting, challenging, and rewarding. 1 2 3 4 5

Comments: _____

9. Communications (e-mail, newsletter, V-mail, Facebook, bulletin board, flyers, mailings) from Volunteer Services keep me aware of what is happening in VS and at Cook Children's in general.

1 2 3 4 5

Comments: _____

10. Have you experienced any unpleasant or frustrating situations? *Please explain* _____

11. How has volunteering at Cook Children's impacted you?

12. If this was your first year volunteering, did you have a Mentor/shadowing experience when you started?

YES NO

If yes, please share your feedback regarding the experience.

13. What suggestions or requests do you have to improve the volunteer program?

Thank you!

OCCUPATIONAL HEALTH INSTRUCTIONS AND INFORMATION:

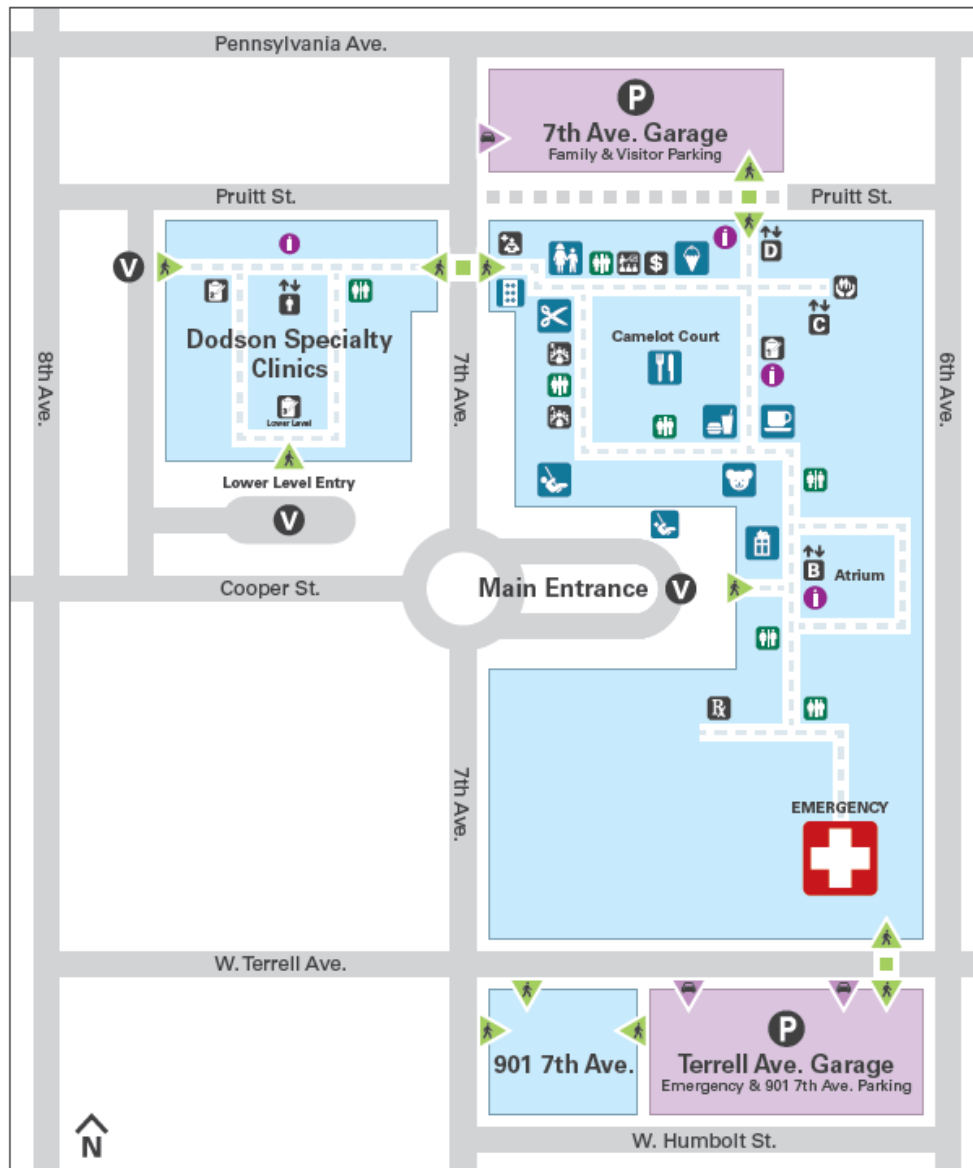
Upon completion of your annual renewal packet, please go to Occupational Health to complete your Flu Shot and TB annual requirements. Occupational Health is located at 901 7th Ave, Fort Worth, Texas 76104. It is on the corner of 7th Ave and W Terrell Ave, next to the Terrell Ave Garage (formerly called the South Garage). Occupational Health is on the 4th floor of the 901 7th Ave building. There is temporary parking right outside their doors. Hours of Operations are: Monday through Friday from 7am to 5pm, Closed daily for lunch between 11:30am and 12:30pm.

Their contact numbers are:

- 682-885-3837 (phone)
- 682-885-6717 (fax)

You do not need to make a scheduled appointment for your TB Test and Flu Shot. Please ensure you have your volunteer badge with you when completing the Occupational Health requirements. Once your TB Test is administered, it will need to be read 48 to 72 hours later. You may visit the Occupational Health clinic to have it read, or Heather Ward in the Volunteer Office is able to read it for you.

Take the TB Form with you to Occupational Health. If you have any questions before heading to Occupational Health, please call Heather Ward at: 682-885-4337.



OFF-SITE OPTIONS

Cook Children's Clinics can also read your TB Test, once administered:

Keller Primary Care: 1601 Keller Pkwy
Keller, TX 76248
Phone: 817-431-1450

HEB Primary Care: 2716 Tibbets Bedford,
TX 76022
Phone: 817-571-6644

Arlington Primary Care: 3131 South
Center St., Arlington, TX 76014
Phone: 817-375-1413

Hurst Primary Care: 731 Martin Rd Hurst,
TX 76054
Phone: 817-347-6864

Mansfield Primary Care: 701 Matlock Blvd,
Mansfield, TX 76069
Phone: 817-453-5437

You must call the off-site clinic ahead of time to ensure someone is available to read your test. Their hours of operation are Monday through Friday (except holidays) 8:30am to Noon and 1:30pm to 4:30pm. They can only read the TB test for you; they cannot give you the test. It is your

responsibility to return the completed TB form to the Volunteer Services office by fax, scan, email, postal mail or in person. Thank you!

For additional places to have your TB Test read, please call CCPN Admin at: 682-885-6726 or 682-885-1678.

**COOK CHILDREN'S HEALTH CARE SYSTEM
OCCUPATIONAL HEALTH TUBERCULOSIS TRACKING TOOL**

Print

Name: _____ **S.S. No.:** _____ **Volunteer** Adult or Junior

RISK ASSESSMENT - In the past year have you had: (Check Yes or No)

- | | | | |
|--|--|--|-----------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A known exposure to TB | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chills and/ or fever |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A persistent cough longer than two weeks | <input type="checkbox"/> Yes <input type="checkbox"/> No | Loss of appetite |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Unintentional weight loss | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diagnosis of Pneumocystis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Profuse night sweats | | Carinii Pneumonia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fatigue | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diagnosis of being immuno- |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Coughing up blood | | compromised or taking |
| | | | medications that are immune |
| | | | suppressive |

In the past have you had: (Check Yes or No)

- ☐ Yes ☐ No A positive TB Skin Test? What Year? _____
- ☐ Yes ☐ No Did you receive treatment for Tuberculosis? What? _____

Have you volunteered at Cook Children's Medical Center in the Past? ☐ Yes ☐ No

Volunteer's

Signature: _____ **Date:** _____

Assessing

Nurses Signature: _____ **Date:** _____

CONSENT FOR TUBERCULIN (PPD) SKIN TEST

Tuberculin purified protein derivative (PPD) is a sterile aqueous solution of a sterile protein fraction isolated from culture filtrates of human type strains of Mycobacterium Tuberculosis.

This test is done for the early diagnosis of infection with the TB Bacillus. The test is administered intradermally (Mantoux) with 5tu of 0.1ml of PPD. The result of the test is measured quantitatively by the response to a specific dose.

Adverse reactions in some highly sensitive individuals may include strong positive results, and could result in a serious ulcer-like sore at the site. Immediate redness at injection site may also occur for unknown reasons.

I have read and understood the above information and consent to my minor child having the PPD Test.

Parent's Signature: _____ **Date:** _____

TUBERCULIN (PPD) SKIN TEST INSTRUCTIONS

DO NOT rub, scratch or cover the test area with a Band-Aid. You may wash the test area with soap and water, and pat dry with a towel. The test should be **read** between **48** and **72 hours** after administration by a trained and designated reader. **For questions please call O.H. at 682-885-3837. You may fax results to the Volunteer Office at 682-885-7480. Please only fax during normal business hours: Monday through Friday from 8am to 4pm.**

PPD #1

Date: _____ Left Arm / Right Arm
Time given: _____ Given By: _____
Read Date: _____
By: _____
Neg.: _____ Pos.: _____ MM

PPD #2

Date: _____ Left Arm / Right Arm
Time Given _____ Given By _____
Read Date: _____
By: _____
Neg.: _____ Pos.: _____ MM