

RONALD MCDONALD HOUSE CHARITIES, UPPER MIDWEST: IMMUNITY REQUIREMENTS FOR VOLUNTEERS

To protect our staff, volunteers, and the families we serve - evidence of immunity is a requirement prior to volunteering at any of our five Upper Midwest locations. Selected immunizations are compliant with [CDC recommendations](#) for those working in a healthcare setting. Please provide written documentation for each disease in ONE of the following ways:

1. Complete immunization record (copy of immunization record card, MIIC printout, copy of clinic record of immunization)
2. Written statement from healthcare provider verifying disease diagnosis (i.e. for chickenpox)
3. Copy of laboratory result confirming disease or immunity (blood/serology results)

Ronald McDonald House Charities, Upper Midwest Volunteer Services

To submit records by mail, please send to 818 Fulton St SE, Minneapolis, MN 55414, Attn: Volunteer Services

To submit records by email, please send to volunteer@rmhc-uppermidwest.org

REQUIRED

1. TUBERCULOSIS – one of the following is required
 - Negative Mantoux skin test OR negative Quantiferon Gold blood test within last 12 months
 - Negative chest x-ray (if done as follow-up for positive Mantoux)
 - Completed treatment of active disease
2. CHICKENPOX (varicella) – one of the following is required
 - Written documentation of two doses of varicella vaccine
 - History of chickenpox or shingles based on healthcare provider diagnosis
 - Laboratory confirmation of chickenpox disease or immunity to chickenpox
3. MEASLES (rubeola) – one of the following is required
 - Date of birth 1/1/1957 or earlier
 - Written documentation of two doses of MMR vaccine
 - Laboratory confirmation of measles disease or immunity to measles
4. MUMPS – one of the following is required
 - Date of birth 1/1/1957 or earlier
 - Written documentation of two doses of MMR vaccine
 - Laboratory confirmation of mumps disease or immunity to mumps
5. RUBELLA – one of the following is required
 - Date of birth 1/1/1957 or earlier
 - Written documentation of two doses of MMR vaccine
 - Laboratory confirmation of rubella disease or immunity to rubella
6. PERTUSSIS – the following is required
 - One-time dose of Tdap vaccine
7. COVID-19 – one of the following is required
 - Written documentation of one dose of Pfizer or Moderna bivalent vaccine
 - Written documentation of one or more doses of monovalent Pfizer or Moderna vaccine and one dose of Pfizer or Moderna bivalent vaccine
8. INFLUENZA – the following is required
 - Yearly influenza vaccination during influenza season (generally October-April)

RECOMMENDED

9. HEPATITIS B – one of the following is recommended
 - Written documentation of completion of vaccine series
 - Laboratory confirmation of immunity to hepatitis B