Screening for One-Time Volunteers

In order to protect the health and safety of our patients, one-time volunteers with signs or symptoms of communicable diseases are restricted from the Mount Sinai St. Luke's (MSSL) patient care areas. One-time volunteers scheduled to visit these areas of MSSL are asked to read (or have read to them) this form and to sign below in order to indicate that they understand these restrictions and that they are free of signs and symptoms of communicable diseases.

In addition, one-time volunteers are governed by the same code of ethics that applies to all other hospital employees. Patients expect the hospital to keep their charts, medical information, and even the fact that they are in the hospital confidential. This understanding between the patient and hospital is an implied contractual agreement and is legally enforceable through HIPAA, the Health Insurance Portability and Accountability Act of 1996.

One Time Volunteer Attestation:

To my knowledge, I do not have any communicable (infectious) diseases that can be transmitted from person-to-person by the respiratory route (i.e. during coughing, sneezing, talking) or by casual contact. Such diseases include, but are not limited to: tuberculosis, influenza, pertussis (aka whooping cough), chickenpox, the flu and measles.

In addition, I attest that I have had none of the following symptoms within the past 48 hours:

- Fever
- Chills
- Night sweats
- Cough
- Sore throat
- Runny nose
- Conjunctivitis (pink eye)
- Vomiting
- Diarrhea
- Rash that is either known to be infectious or of an unknown/undiagnosed cause

In addition, I understand that all patient information should be kept safe and secure. I acknowledge that my access to personal health information is limited to the purpose of performing my responsibilities as a one-time volunteer at MSSL and for no other purpose.

Signature of Volunteer: 
Printed Name of Volunteer: 
Reason for Visit: 
Signature of Staff and/or Volunteer Guide: 
Date: 