



Occupational Health & Safety

Thunder Bay Regional Health Sciences Centre
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Entry Immunization Form

PRE PLACEMENT REQUIREMENTS FOR OBSERVERS, LEARNERS, CO-OP STUDENTS, VOLUNTEERS AND SECURITY CARRYING ON ACTIVITIES IN THE HEALTH CARE CENTRE

Persons applying for placement within the Hospital have an obligation to protect patients and themselves from infection that can be transmitted within clinical or other placement settings. Immunization is an important tool in preventing the transmission of infections.

The Communicable Disease Surveillance Protocols for Ontario Hospitals, developed by the Ontario Hospital Association and the Ontario Medical Association, in accordance with Regulation 965/90 Section 4 of the Public Hospital's Act, applies to all persons carrying on activities in the Health Care Centre including but not limited to employees, physicians, nurses, contract workers, students, post-graduate medical trainees, researchers and volunteers.

This document outlines the **immunization status and tuberculosis testing verification required.**

The completion of this form is mandatory, prior to you starting at Thunder Bay Regional Health Sciences Centre. Failure to submit a signed and correctly completed immunization form may result in being withheld from hospital work.

Computerized records of childhood vaccines can be obtained by calling the Thunder Bay District Health Unit or your local Public Health Department. Contact information for all Ontario Public Health Departments can be found on the following website:

http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html

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Entry Immunization Form

A. PERSONAL INFORMATION			
Last Name:		First Names:	
Date of birth: __ __ ____ Day / Mo / Year			
Address:		Apt.#	FOR OFFICE USE ONLY
City	Province	Postal Code	Date Accepted as Complete __ __ ____ Day/ Mo/ Year
Local Tel. #	Cell#:	Email :	
B. IMMUNIZATION STATUS			
B.1			
<input type="checkbox"/> Tetanus/Diphtheria (Due every 10 years)		Date of last immunization _____	
<input type="checkbox"/> Pertussis		Date of last immunization _____	
<input type="checkbox"/> Polio		Date of last immunization _____	
B.2			
<input type="checkbox"/> Past history of Varicella (Chicken Pox)		Year _____	
<input type="checkbox"/> Varicella vaccination:			
1 st vaccination: Date: _____		2 nd vaccination: Date: _____	
*Laboratory evidence of immunity: Results _____ Date: _____			
B.3			
<input type="checkbox"/> MMR (Measles Mumps, Rubella): MMR antibody serology (bloodwork) is required if there is no documented Proof of two MMR vaccines.			
Immunization Dates:			
Initial vaccination dates: 1 st : _____		2 nd : _____	
Possible additional booster date: _____			
Laboratory evidence of immunity: Measles: _____ Mumps: _____ Rubella: _____			

B.4

- Hepatitis B: The process of three injections must have begun prior to placement.**

1st vaccination: Date: _____

2nd vaccination: Date: _____

3rd vaccination: Date: _____

Laboratory evidence of immunity: Results: _____ Date: _____

B.5

- TB skin testing (mantoux):** A **Two-Step** TB skin test is required for all persons carrying on activities within TBRHSC.

Prior history of BCG vaccination: No Yes: Year _____

Prior history of TB infection: No Yes: Year _____

Treatment : Yes No

Documentation of previous 2 step TB skin test: Yes () insert information below

No () 2 step required

Test #1 given on (date): _____ Result (mm of induration): _____

Test #2 given on (date): _____ Result (mm of induration): _____

One-step TB skin test ** given on (date): _____ Result (mm of induration) _____

Note if One step TB skin test is older than 6 months, a one step is required.*

A chest X-ray is required if you have EVER had a documented positive TB skin test.

- Chest X-Ray Report Enclosed**

B.6

- Meningococcal A,C,Y,W-135 vaccine** Date of vaccine: _____

Clinical laboratory workers (i.e. medical lab technologists) who may be routinely exposed to preparations/cultures of Neisseria. Meningitides must provide evidence of a current dose (within 5 years) of the quadrivalent meningococcal A,C,Y,W-135 conjugate vaccine.

B.7

- Influenza (flu) vaccine:** Vaccination date: _____.

In the event of an outbreak in the hospital in which the students are placed, non-immunized students may be prohibited from continuing their placement, thus jeopardizing successful completion of their placement.

C. FIT TESTING

Fit testing is recommended for anyone who has a job function that would require them to wear an N95 mask. The N95 mask is currently worn as a basic mask for respiratory isolation and routine respiratory precautions in ER, ICU, and for entering the room of a suspect or confirmed TB patient

Does this apply to your role within TBRHSC Yes () No ()

Have you been fit tested within the last two years as per CSA Standard Z94, 4-02? Yes () No ()

If yes indicate type of mask:

Date: _____ Mask Type: _____

**D. SIGNATURE
(Mandatory)**

Full Name: (print)

Signature: