



Thunder Bay Regional
Health Sciences
Centre

Occupational Health and Safety

**Thunder Bay Regional Health Sciences Centre
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ENTRY IMMUNZATION FORM – Non Staff

The completion of this form is mandatory, prior to you beginning observership at Thunder Bay Regional Health Sciences Centre.

Persons applying for observership/unpaid student placement within the Hospital have an obligation to protect patients and themselves from infection that can be transmitted within the clinical or other placement setting. Immunization is an important tool in preventing the transmission of infections. This document outlines the immunization/communicable disease status and tuberculosis testing required.

Failure to comply with submission of a correctly completed immunization form may result in being withheld from carrying on activities in the hospital.

The Ontario Medical Association and the Government of Canada have set out the guidelines for immunization in accordance with Regulation 965/90 Section 4 of the Public Hospitals Act which applies to **all** persons carrying out activities in the health care setting including but not limited to employees, physicians, nurses, contract workers, students, post graduate medical trainees, researchers and volunteers.

Vaccine records can be obtained by calling the Thunder Bay District Health Unit (807) 625-5900, or your local Public Health Department. Contact information for all Ontario Public Health Departments can be found on the following website:

<https://www.ontario.ca/page/public-health-unit-locations>

Declaration:

I agree to observe and comply with the policies and procedures of the Hospital and attest to being immunized against the following diseases and/or have laboratory evidence of immunity or a medically documented contraindication.

List of exemptions to immunization or immunity:

Name: (print)

Signature

Sending organization (if applicable): _____

Date: _____

If in the interim, the individual named above becomes ill prior to placement, they are aware they are unable to enter the Hospital until resolution of symptoms has occurred. Dependent on the circumstances, proof of the above information may be requested.

****Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and the Public Hospital’s Act and will be used to administer the observer/placement program.****

Tetanus/Diphtheria: (Due every 10 years) Primary Series (3 doses) if unimmunized

Date of last immunization: _____

Pertussis: 1 single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood (if Td given within the last 2 years and adult pertussis is required, Tdap can be given at next due date, otherwise proceed with adult dose of Tdap)

Date of last immunization: _____

Polio: Primary series (3 doses) if previously unimmunized or unknown polio immunization history

Date of last immunization: _____

Varicella (chickenpox): 2 doses if no evidence of immunity

1st vaccination: _____ 2nd vaccination: _____ or

Laboratory evidence of immunity: yes no Date: _____

MMR (Measles, Mumps, Rubella): 2 doses if no evidence of immunity

1st vaccination: _____ 2nd vaccination: _____ or

Laboratory evidence of immunity: **Measles** yes no Date: _____

Mumps yes no Date: _____ **Rubella** yes no Date: _____

Hepatitis B (recommended): 3 doses with serology testing within 1-6 months after completion of the series

1st vaccination: _____ 2nd vaccination: _____ 3rd vaccination: _____

Laboratory evidence of immunity: yes no Date: _____

TB Skin Testing (Mantoux):

One documented Two-Step TB skin test is required for all persons carrying on activities within TBRHSC

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

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

Documented One Step TB skin test required if the last TB skin test is greater than 12 months ago (Manager of Academic Affairs to verify TB skin test requirements for observerships)

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

Previous positive TB skin test: yes no

CXR within the last 5 years required for positive TBST – CXR report enclosed – Date of CXR: _____

COVID-19 Vaccination: Documented evidence of 2 doses or documented evidence of MOH approved single dose

1st vaccination: _____ 2nd vaccination: _____ **Proof of documentation enclosed.**

Mask Fit: documented proof of fit test within the last 2 years is required if your job function requires an N95 mask.

Note: N95 masks are currently worn for respiratory isolation and routine respiratory precautions in the ED, ICU and for entering the room of a patient who is suspected or confirmed Tuberculosis or COVID 19 positive.

Does this apply to your role? yes no Date of last fit test: _____ Mask type: _____