EMPLOYEE HEALTH SERVICES

Chedoke Site ☐ General Site ☐ JH&CC☐ MUMC Site ☐ St. Peter's Site ☐ WLMH Site ☐

PRE-PLACEMENT IMMUNIZATION FORM FOR

STUDENTS ☐ VOLUNTEER ASSOCIATION ☐ VOLUNTEER RESOURCES ☐ CONTRACT WORKERS ☐

Clearance Email to be sent to:
studentaffairs@hhs.ca
Expected Start date of Educational/Volunteer experience? Date____________

Dear Doctor:

(Print first name)______________________(Print surname)______________________ **is seeking placement at Hamilton Health Sciences. The Ontario Hospital Association and the Canadian National Advisory Committee on Immunization (NACI) requires that everyone working in hospitals fulfill the following requirements.**

1. MMR

- If your patient has received two doses of MMR vaccine given at least 4 weeks apart on or after the first birthday, provide date and proceed to step 5 below, otherwise complete all steps.
  Date of Vaccine #1:_________________________ Date of Vaccine #2:______________________________

2. Rubella

Evidence of Rubella immunity required:

Documentation of receipt of one dose of live rubella vaccine: Date of Vaccine:_________________________________
(MMR or equivalent rubella vaccine) ☐

or

- Laboratory evidence of Rubella immunity☐ (please attach).

3. Red Measles

Evidence of Red Measles immunity is required:

- Documentation of receipt of two doses of live measles vaccine (MMR or equivalent measles vaccine) on or after the first birthday, ☐
  Date of Vaccine #1:_________________________
  Date of Vaccine #2:_________________________

or

- Laboratory evidence of measles immunity☐ (please attach).

4. Mumps

Evidence to Mumps immunity required:

Documentation of two doses of mumps vaccine (or trivalent measles-mumps-rubella(MMR) vaccine given at least 4 weeks apart on or after the first birthday☐

Name of Vaccine #1________________________ Date of Vaccine #1______________________________
Name of Vaccine #2________________________ Date of Vaccine #2______________________________

or

Laboratory evidence of immunity☐ (Please attach)

5. Varicella/Zoster

- Documentation of receipt of 2 doses or varicella vaccine at least 4 weeks apart Yes ☐

Date of vaccine #1________________________
Date of vaccine #2 ________________________

or

- Laboratory evidence of immunity ☐ (please attach)

or

- Laboratory confirmation of disease ☐ (please attach)

6. Hepatitis B

- Has your patient completed the Hepatitis B vaccination series? Yes ☐ No ☐
- If Yes, indicate date series completed: Date Completed:________________
- Results of Post-Hepatitis B Vaccine screen: (please attach) Immune ☐ Non-Immune ☐

7. Tetanus Diphtheria Acellular Pertussis Vaccine (Tdap)

- Pertussis immunization must be documented. All healthcare workers and persons carrying on activities in the hospital who have not previously received an adolescent or adult dose of Tdap should receive a single dose of Tdap at their next tetanus booster. Please provide the date and name of any pertussis- containing vaccine received by your patient after his/her 14th birthday.

Date & Name of pertussis vaccine:______________

Date of last Td Booster_______________________

8. Tuberculosis

- Everyone requires a two-step TB test. If you have ever had a two-step TB test in the past, please provide documentation and you will only require a one-step TB test for your placement at Hamilton Health Sciences. If you provide proof of your two-step TB test having been completed within the past year, you will not need to have any TB testing done. If you provide proof of your past two-step TB test and proof of any TB test performed within the past year, you will not need to have any TB testing done for your placement.
- For tuberculin negative persons or for those whose status is unknown, Mantoux Skin Testing with PPD/5TU must be performed. In cases of unknown status, two-step skin testing must be carried out (see below). The protocol advises that persons having previously received BCG vaccine but not known to be tuberculin positive should be similarly tested. Tuberculin positive individuals who have never been previously evaluated or who have significant chest symptoms, should be sent for a chest x-ray.
- The two-step skin test is conducted as follows:
  An initial skin test (5TU PPD) is given. If this test is negative (*see below), a second test is given in the opposite arm at least one week and no more than three weeks after the first. The results of the second test should be used as the baseline test in determining treatment and follow-up of these persons.

BCG History: Yes ☐ No ☐

First skin test

Administration

Date of skin test:___________________________

Signature of MD/RN/RPN:___________________

Results

Negative________________________ mm induration

Positive________________________ mm induration

Signature of MD/RN/RPN:_______________

Second skin test (if first skin test proves negative*)

Administration

Date of skin test:___________________________

Signature of MD/RN/RPN:__________________

Results

Negative________________________ mm induration

Positive________________________ mm induration

Signature of MD/RN/RPN:________________

Chest x-ray date and result, if positive in either test: ___________________________________

***Negative** = less than 10 mm induration

The Information Above Has Been Provided by the Client's Family Physician

Signature of MD: ____

Name (printed) of MD: ____ Date: _______________________

Hamilton Health Sciences Clearance Provided by Employee Health Services

Signature of RN/RPN:____

Name of RN/RPN (printed): ____

This individual is considered: ☐ Fit ☐ Fit with Restriction Note: ______________________________

Date: ____

Clearance e-mailed: Signature: ___________________________________ Date: ______________________________