NIAGARA HEALTH

OCCUPATIONAL HEALTH & SAFETY DEPARTMENT

Communicable Disease Surveillance Program

SCHOOL/AGENCY		**PROGRAM**	

NAME: _____ CLASSIFICATION:

Student		Volunteer		Contract	

HOSPITAL SITE: _____ DEPARTMENT: _____

D.O.B.: _____ HOME PHONE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

The Communicable Disease protocols require that hospitals must have document proof of immunization and/or history of specific communicable disease for all persons, including employees, physicians, volunteers, students and contract workers carrying on activities in patient care areas of the Hospital. This requirement must be met prior to commencing the first day of volunteering/placement. If you have been fitted for an N95 respirator mask, you must provide proof of the date tested and type of mask you were passed on.

Please provide the information to the Niagara Health Occupational Health & Safety Department. I authorize the release of the following information to the Occupational Health & Safety Department and Student or Volunteer Resources.

SIGNATURE: _____ DATE: _____

REQUIRED

1. Provide proof of immunity to **Varicella** (chickenpox):
   Laboratory evidence of Varicella immunity DATE: _____ TITRE: _____
   OR
   Proof of 2 Varicella vaccines DATE: _____ DATE: _____
   **minimum dose interval 6 weeks as per Niagara Health guidelines

2. Provide proof of immunity to **Measles, Mumps, and Rubella**:
   Laboratory evidence of Measles immunity DATE: _____ TITRE: _____
   Laboratory evidence of Mumps immunity DATE: _____ TITRE: _____
   Laboratory evidence of Rubella immunity DATE: _____ TITRE: _____
   OR
   Proof of 2 MMR (Measles/Mumps/Varicella) vaccine DATE: _____ DATE: _____

   ATTACH A COPY OF LABORATORY IMMUNITY BLOOD WORK RESULTS TO THIS FORM

3. **COVID 19** Vaccinations and include QR code proof with this form
   Dose #1: _____ Dose #2: _____
   Dose #3: _____ (recommended) Dose #4 _____(recommended)
   Must be 14 days post second dose of COVID 19 vaccination prior to start date. At this time, third dose is recommended.

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REQUIRED

4. Documentation of a two-step tuberculin skin test is also required. An initial tuberculin skin test (Mantoux, 5TU PPD) is given. If this test result is 0-9mm of induration, **a second test is given in the opposite arm at least one week and no more than four weeks after the first.**

   If it has been over 12 months since the last two-step test, then a one-step test is also required.

Tuberculin Skin Testing

	DATE GIVEN	GIVEN BY	DATE READ	READ BY	RESULT	POSITIVE NEGATIVE
STEP ONE					**_____ mm induration**	
STEP TWO					**_____ mm induration**	
LAST TB SKIN TEST					**_____ mm induration**	

TB test results **MUST BE** recorded in both words and numbers (Negative 0mm induration)

Persons who have had previous B.C.G. vaccine should be assessed as above. Persons who are tuberculin positive must have a chest x-ray if they have:

- Never been evaluated for a positive TB result or tuberculosis
- Had a previous diagnosis of TB and have never received adequate treatment for TB, OR
- Pulmonary symptoms that may be due to TB.

The physician must report all positive TB skin tests to the Public Health Department.

Date of Chest X-Ray: _____ Result: _____

ATTACH A COPY OF CHEST X-RAY

Chest X-Rays are to be done initially as a baseline and every 2 years afterwards.

RECOMMENDED

5. Has the person received the influenza vaccine? DATE: _____
6. When was the last immunization for tetanus-diptheria given? _____
7. Date of the last pertussis immunization (Adacel or Tdap) _____

   ** must have had a dose over the age of 18 years

8. Has this person received the Hepatitis B vaccine? Yes _____ No _____
   a. Date of 1st dose: _____
   b. Date of 2nd dose: _____
   c. Date of 3rd dose: _____

   What was the titre level if checked? _____

Health Professional's Signature: _____

Name of Health Care Professional: _____ PLEASE PRINT

ADDRESS: _____

PHONE: _____ DATE: _____