



Paid Staff Private Hire

St. Joseph's Mt. Hope Parkwood Institute Main Building Parkwood Institute Mental Health Care Southwest Centre

In order to fulfill the terms and conditions of your employment offer, the following information must be provided to Occupational Health and Safety Services no later than 7 business days prior to your start date. INCOMPLETE FORMS AND LATE SUBMISSIONS WILL DELAY YOUR START DATE.

Proof of immunization is required and includes any of the following: Vaccination records from yellow immunization cards, Immigration records, notes from a physician's office, copies of laboratory reports (titre levels), health unit records and/or other hospital electronic immunization records.

Fill in the immunization dates below, as noted on your yellow immunization cards. Send a copy of the yellow immunization card along with this form. If you don't have your own records, take this form to your physician or Public Health Unit to complete in full and sign. Relatives are not permitted to complete and sign this record. **Once completed and signed, scan form and email to: OHSS@sjhc.london.on.ca or fax to 519-646-6235.**

Any costs associated with the completion of this form are your responsibility. Retain a copy for your records.

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS				
PRIMARY PHONE # (May be home or cell)			EMAIL (OPTIONAL)	
COUNTRY OF BIRTH			DATE OF BIRTH	
FAMILY PHYSICIAN		EMERGENCY CONTACT PERSON		EMERGENCY CONTACT #
JOB TITLE		DEPARTMENT		COORDINATOR/ DIRECTOR:

TUBERCULOSIS

All St. Joseph's Staff and affiliates require a 2 Step TB Skin test (TST). The 2 Step TB skin test is given 1- 52 weeks apart from the first single TST. A TB skin test may be given on the same day as a live vaccine, but otherwise may not be administered until at least 4 weeks have elapsed.

1st step:	Date administered:	Date read:	Result (+ or -)	Induration (mm)
2nd step:	Date administered:	Date read:	Result (+ or -)	Induration (mm)
If 2-Step TB test was completed more than 12 months ago, a 1-Step TB test must be completed.				
1st step:	Date administered:	Date read:	Result (+ or -)	Induration (mm)
If 1st or 2nd test is POSITIVE (i.e. greater than 10mm induration): Chest x-ray is required to be completed, post-positive test.				
X-ray:	Date:	Result:		
	Did you receive treatment for TB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Treatment:		
	Endemic Travel History: <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			

Required Immunizations

Measles:	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	2 doses of measles-containing vaccine on or after the first birthday, with doses given at least four weeks apart,	Date of 1 st MMR:	Date of 2 nd MMR:
Mumps:	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	2 doses of mumps-containing vaccine given at least four weeks apart on or after the first birthday	Date of 1 st MMR:	Date of 2 nd MMR:
Rubella:	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Evidence of immunization with live rubella containing vaccine (one dose) on or after their first birthday	Date of MMR:	
Varicella:	Varicella vaccine (2 doses required), OR	Date of 1 st dose:	Date of 2 nd dose:
	Laboratory evidence of immunity (titres), OR	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Laboratory evidence of chickenpox or shingles (from lesion swab or scraping)	Date of test:	Result: <input type="checkbox"/> Varicella-zoster virus detected

Hepatitis B:	Confirmatory titre test result if available Vaccination is highly recommended for Staff who may have exposure to human blood and body fluids. Hep B is not mandatory for volunteers.	Received vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of 1 st dose Date of 2 nd dose Date of 3 rd dose	Date of titre test: Result of titre test: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Not tested
Tetanus/Diphtheria/Pertussis:	Tdap is recommended for all adults Tetanus and Diphtheria is recommended every 10 years Pertussis- once in adulthood	<input type="checkbox"/> Tdap Date: _____ If never received Tdap <input type="checkbox"/> Td Year of most recent booster: _____	
Influenza:	Highly recommended each year	Date of most recent vaccine: _____	
COVID-19 Vaccine	Type: _____	Date of 1 st Dose: _____	Date of 2 nd Dose: _____

Have you been fit-tested within the last 2 years to wear an N95 respirator? Yes No
If Yes, attach proof.

Do you have any food/drug allergies or any emergent medical conditions (e.g., asthma, epilepsy, diabetes, heart condition) that you feel Occupational Health should be aware of? Yes No

Do you have a disability that requires an accommodation? Yes No
(If yes, provide details) _____

Physician contact information and signature required if form was completed by the Physician.

Physician: _____ Signature: _____ Date: _____
 PRINT NAME

Address: _____

Phone#: _____

For Staff/Private Hire

I, _____, agree to release the above information to Occupational Health and Safety at St Joseph's Health Care London.

Name: _____
 PRINT NAME

Signature: _____

Date: _____

Information obtained is strictly confidential, and shall not be released to any source internally or externally without written consent of the employee named herein.

Instructions for completing the health review form



Please provide the following information to Occupational Health and Safety Services no later than 7 business days prior to your start date. **INCOMPLETE FORMS AND LATE SUBMISSIONS WILL DELAY YOUR START DATE.**

1. Red Measles

You require 2 doses of measles vaccine with the first dose being given on or after your 1st birthday and the second dose given at least 4 weeks from the first dose OR provide laboratory evidence of your immunity. Immunization is required for those without immunity.

2. Rubella

You require 1 dose of rubella vaccine, given on or after your 1st birthday OR provide laboratory evidence of your immunity. Immunization is required for those without immunity.

3. Mumps

You require 2 doses of mumps vaccine with the first dose being given on or after your 1st birthday and the second dose given at least 4 weeks from the first dose OR provide laboratory evidence of your immunity. Immunization is required for those without immunity.

4. Varicella (Chicken pox)

You require 2 doses of varicella vaccine (e.g. physician's certificate or vaccination record) OR provide laboratory evidence of your immunity or laboratory confirmation of disease. Immunization is required for those without immunity.

5. Tuberculosis (TB) Surveillance

You are required to have a baseline two-step TST regardless of BGC unless you have: documented results of a prior two-step test which can include: 2 individual skin tests done at least one week apart *. A single step is required if the last of the 2nd step was more than 12 months ago, or if there are indications of travel to an area known for high levels of TB or an exposure to someone known or suspected of having TB or symptoms of TB. (*The two-step TB skin test is normally given as a series of two single TB skin tests repeated between 1-4 weeks apart. However, two individual TB skin tests performed 4-52 weeks apart are also considered an acceptable "two-step TB skin test" - Canadian Thoracic Society & the Public Health Agency of Canada, 2013).

Tuberculin skin testing should be administered and read before immunization or delayed for at least 4 weeks after vaccination. Vaccination with COVID-19 vaccines may take place at any time after all steps of tuberculin skin testing have been completed.

PLEASE NOTE: If you have had a live vaccine (Measles, Mumps, Rubella, Chickenpox, Shingles) within 4 weeks prior to needing a TB skin test, you will not be eligible. A TB skin test may be given on the same day as a live vaccine, but otherwise may not be administered until at least 4 weeks have elapsed. A delay in administration of the test will delay your start date.

Tuberculosis Testing Schedule:

Contact your doctor or Occupational Health at St Joseph's to discuss your TB skin test requirements at least 2 weeks before your start date. You must be available to come back for the follow-up read or test.

A. One step process

- Visit 1 – to have your first test
- Visit 2 – to have your first test read (must be back to the clinic 48 to 72 hours after the first test)

B. 2-Step process

- Visit 1 – to have your first test
- Visit 2 – to have your first test read (must be back to the clinic 48 to 72 hours after the first test)
- Visit 3 – to have your second test (given 7-21 days after the first test)
- Visit 4 – to have your second test read (must be back to the clinic 48 to 72 hours after the second)

Individuals with Positive TB Skin Tests

You must provide Occupational Health with documentation of chest X-ray taken after the positive TB skin test. If you have a history of a confirmed positive TB test and you have already received counseling or advice concerning prophylactic treatment (Isoniazid), you should provide a copy of your consult note. Another chest X-ray may be taken if clinically indicated.

COVID-19

Vaccination for COVID-19 is highly recommended for all hospital employees, professional staff, residents and clinical fellows, and is offered via local COVID-19 Vaccination Clinic Sites.

Important information about COVID-19 vaccination and timing of other vaccinations and TB skin test:

- Wait for a period of at least 14 days after the administration of another vaccine before administering a COVID-19 vaccine to prevent erroneous attribution of an AEFI to a particular vaccine.
- TST should be delayed for at least 4 weeks after COVID vaccine or live vaccines such as MMR, Varicella, and Yellow Fever. NOTE: Aside from COVID vaccine a TB skin test may be administered on the same day as all other vaccines or within 4 weeks of a previous non-live vaccine.

6. Hepatitis B

It is recommended that all health care workers to receive a course of Hepatitis B vaccine. For your protection, it is important to obtain a Hepatitis B titre test following immunization to ensure that you are adequately protected. If you have been vaccinated, please provide laboratory evidence of immunity.

7. Tetanus/Diphtheria or Tetanus/Diphtheria/Pertusis (Tdap)

It is recommended that you receive a primary series of Tetanus/Diphtheria vaccine in childhood followed by a routine booster every ten (10) years. You can also receive a one-time dose of Tdap,

especially if you are providing care to pregnant women and/or children. If you have not already received a primary Tetanus/Diphtheria series, then you require three doses as part of adult primary immunizations. Contact your family physician or Public Health Unit in order to complete your primary series.

9. Influenza

It is strongly advised that you receive the vaccination yearly. If you have not received your influenza vaccination, and your start date is occurring during the times of the year when influenza vaccine is offered, (approximately October to March), you can receive influenza vaccination while at work. If you received influenza vaccination in the community during the months of October to March, you must submit proof of influenza vaccination to Occupational Health and Safety.

To update any/all vaccinations and get blood work done:

- Visit your family doctor or local walk-in clinic with the health review form to be completed. A list of walk-in clinics in the London and Middlesex County is available on this link: [London and Middlesex County](#)
- Public Health Units can provide vaccinations/ Immunizations (MMR and Varicella). **To contact Public Health Unit closest to you, please access the link and ask for the Immunization Clinic:** <https://www.phdapps.health.gov.on.ca/PHULocator/>
- As blood tests are required if you are unable to confirm vaccination dates and test results may take 2-4 weeks. You may want to discuss revaccination as an option with your doctor.

Where to get Record of Immunization or Vaccinations/Immunizations and Blood Titers

- Current or past employer – request a copy of your record from the Occupational Health Department.
- Health care training school program - request a copy of your immunization record from Student Health Services.
Facilities where you performed volunteer work - request copies of your record.
- Public Health Department in the school district that you attended - ask for a copy of your vaccination record.
- Childhood record (often a yellow card or form) from your family doctor or other health care professionals you have received care from i.e., obstetricians, midwives or family physicians
- Immigration records provided they are signed by a physician or nurse
- View your immunization records online by going to [Immunization Connect Ontario \(ICON\) Online System](#)

In the London Area you can get TB skin test through the following:

1. Some family doctors' offices or walk-in clinics may provide this service. We suggest you call ahead.
2. Western Student Health Services (Western students by appointment) Room UCC 11, 519-661-3030
3. Fanshawe Student Health Services (Fanshawe students only, walk-in) Room SC 1001, 519-452-4230
4. Hyde Park Medical Walk-In Clinic (walk-in) 640 Hyde Park Rd., 519-641-3627

5. Oxford Medical Walk-In Clinic (walk-in) 140 Oxford St East, Unit 102, 519-433-4999
6. Bayshore Home Health (by appointment) 595 Bradley Avenue, 2nd Floor, 519-680-0849.
7. Care Partners:

<u>Perth:/ Stratford</u> 61 Lorne Avenue East Unit 4 Stratford, ON 1-800-668-4326 Tillsonburg 25 Townline Road Tillsonburg, ON 1-519-688-1853	<u>Oxford/ Woodstock</u> 65 Springbank Drive North Unit 5 Woodstock, ON 1-800-443-4615	<u>St. Thomas:</u> 107 Edward Street St. Thomas, ON 1-800-443-4615 Ext. 3200
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