

St. Joseph's Health Centre Guelph Volunteer Immunization Record

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals and the St. Joseph's Health Centre Guelph (SJHCG) Immunization and Surveillance Policy, **You must have the following form completed and signed by your physician's office prior to commencing your volunteer placement at SJHCG.**

Tuberculosis:

Volunteers require a baseline **two-step Tuberculosis (TB) skin test**. Please see information below about how to have the tests completed.

- *If you have a previous documented 2 step baseline that can be provided, you will only have to do a one-step test to update your status (if the baseline was completed more than one year ago. If the baseline was completed within the past 12 months, no further testing is required)*
- *If you have ever tested positive for TB for any reason (ie; BCG vaccination) you will be required to have a chest Xray as arranged through your Doctor. Written results of the Xray are required.*

Where do you get the TB skin test done?

University of Guelph Students – *On Campus* - Student Health Services. No appointment necessary.

All other volunteers – Must book an appointment with WDG Public Health Unit. 1-800-265-7293
*special volunteer clinics/appointments available upon request (see the attached poster).

A two-step TB skin test will typically take two to four weeks to complete and cost \$50.00.
****SJHCG does not reimburse for any costs.**

MMR and Varicella

It is necessary to provide documentation of immunity/immune status to the communicable diseases of rubella (German measles), measles (red), mumps, and chicken pox (varicella).

Tetanus/Diphtheria/Pertussis vaccine is not mandatory, but desirable. Tetanus booster doses are given every 10 years but may be given if 5 years has elapsed since the last dose.

Hepatitis B vaccine is not mandatory, but desirable.

Influenza Vaccine is not mandatory, but desirable. *Please bring proof of immunization annually*
It is expected that all staff will have an annual influenza vaccine in accordance with SJHCG's influenza policy.

Preplacement Medical Form

Name: _____ Date of Birth: _____

Home Telephone: _____ Start Date _____ Department: _____

Type of Hire: Employee Volunteer Contract Student Other

You must have this form completed and signed by your physician or registered nurse prior to commencing your employment or placement at SJHCG. This is in order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals and the SJHCG Staff Immunization and Surveillance Policy. Failure to comply will result in a delay to your start date.

TUBERCULIN TESTING

A documented history of a previous two-step test is required.

Two-Step:

Date of Step 1: _____ Result: _____ Induration in mm: _____

Date of Step 2: _____ Result: _____ Induration in mm: _____

A one-step test is required if the two-step test has not been done with in the last twelve months.

One-Step:

Date of 1 Step (if required): _____ Result: _____ Induration in mm: _____

A chest x-ray is required if there has been a TB Skin Test result that is positive i.e. greater than 10 mm induration. The x-ray must have been done within the last twelve months.

X-ray Date: _____ Result: _____

IMMUNIZATIONS AND IMMUNITY

Measles Mumps Rubella: (2 MMR Immunizations)

MMR # 1 Date: _____ MMR # 2 Date: _____

OR

Laboratory Evidence of Immunity:

Measles Titre: Date of Test: _____ Result: _____

Mumps Titre: Date of Test: _____ Result: _____

Rubella Titre: Date of Test: _____ Result: _____

Varicella: (One of the following is required)

Varicella Vaccine (2 doses required) - # 1 Dose Date: _____ # 2 Dose Date: _____

OR

Laboratory Evidence of Immunity:

Titre: Date of Test: _____ Result: _____

Hepatitis B (desirable but not mandatory for volunteers)

Hepatitis B Vaccine Series:

1 Dose Date: _____ # 2 Dose Date: _____ # 2 Dose Date: _____

Hepatitis B Titre (required if immunized):

Laboratory Evidence of Immunity:

Titre: _____ Date of Test: _____ Result: _____

If there is no immunity, a booster is required: _____ Date of Booster: _____

Tetanus/Diphtheria (required every ten years) (desirable but not mandatory for volunteers)

Date of last immunization: _____ Was Acellular Pertussis given? Yes No

Influenza Vaccine: (desirable but not mandatory for volunteers)

Date: _____

Signature:

By signing below, I agree to release the above information to Occupational Health Services at SJHCG and I understand that my Director/Manager will be allowed to know the status of my compliance (no actual result will be given to Director/Manger).

Signature: _____ Date: _____

Signature of Physician or Registered Nurse completing form:

Signature: _____ Date: _____