

- Paid Staff
 Volunteer*
 Co-op Student*
 Student
 Sponsored Student
 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/volunteer 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. For questions, please contact OHSS at 519-646-6100 ext. 64332

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS				
HOME PHONE CELL PHONE (optional)		EMAIL (OPTIONAL)		
COUNTRY OF BIRTH		DATE OF BIRTH		
FAMILY PHYSICIAN		EMERGENCY CONTACT PERSON		EMERGENCY CONTACT #
JOB TITLE		DEPARTMENT		COORDINATOR/ DIRECTOR:

TUBERCULOSIS

If 1st test is NEGATIVE: 2nd step must be given 7 to 21 days after 1st test in opposite arm.

1st step:	Date planted:	Date read:	Result (+ or -)	Induration (mm)
2nd step:	Date planted:	Date read:	Result (+ or -)	Induration (mm)

If 2-Step TB test was completed more than 3 months ago, a 1-Step TB test must be completed.

1st step:	Date planted:	Date read:	Result (+ or -)	Induration (mm)
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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

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 titer test result if available	Received vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of titer test:
	Vaccination is highly recommended for Staff who may have exposure to human blood and body fluids. Hep B is not mandatory for volunteers.	Date of 1 st dose Date of 2 nd dose Date of 3 rd dose	Result of titer 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: _____	

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 (eg, 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: _____ PRINT NAME Signature: _____ Date: _____

Address: _____

Phone#: _____

For Staff/ Physician/ Volunteer/ Student

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

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.