



ALEXANDRA MARINE & GENERAL HOSPITAL

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Occupational Health Manual

The Public Hospitals Act requires hospitals to maintain a record of immunization on all employees, physicians, volunteers, and students. You may be able to get some of this information from your healthcare professional, or a previous employer.

RETURN THIS COMPLETED FORM WITH LABORATORY/SEROLOGY RESULTS TO THE OCCUPATIONAL HEALTH COORDINATOR PRIOR TO YOUR START DATE.

Name:	Department:
Date of Birth:	Planned Start Date:
<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Student	<input type="checkbox"/> Physician

IMMUNIZATION STATUS – If you do not have laboratory evidence of immunity, please have bloodwork completed at least 2 weeks prior to your new employee assessment appointment.

History of MMR:	History of MMR vaccine (2 doses required)	Date of 1 st dose:	Date of 2 nd dose:
Measles:	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Mumps:	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Rubella:	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Varicella:	History of Varicella vaccine (2 doses required)	Date of 1 st dose:	Date of 2 nd dose:
	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Hepatitis B:	Received vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates (2 or 3): _____	
	Laboratory evidence of immunity (titres)	Date of Test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Tetanus/Diphtheria/ Pertussis:	Tdap (diphtheria, acellular pertussis & tetanus) required for all healthcare workers who have not received an adult booster of pertussis		Please check one: <input type="checkbox"/> Td Date: <input type="checkbox"/> Tdap Date:
Influenza:	Date of last vaccine:		

TURBERCULOSIS STATUS

TB Testing: 2-step required. TB test is given, then read 2-3 days later and if non-reactive the process is repeated in the other arm within 1-4 weeks.

1 st Step	Date Given:	Date Read:	Induration (mm)
2 nd Step	Date Given:	Date Read:	Induration (mm)

If the above NEGATIVE 2-step TB Test was NOT completed within the last 12 months, the results of a 1-step TB must be documented below.

1 st Step	Date Given:	Date Read:	Induration (mm)
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Chest X-ray is required if you have had a positive skin test in the past. X-ray must have been done within the past year.

X-ray	Date:	Result:
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Please attach a copy of your most recent mask fit test result if you have one from within the past 2 years.

N95 Mask Fit Test:	Date:	Model:
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The above information is true and accurate to the best of my knowledge. I have attached all relevant documentation.

Employee Signature: _____

Date: _____