



OCCUPATIONAL HEALTH  
& SAFETY SERVICES

APPENDIX A (submit first week of hire)  
IMMUNIZATION RECORD - CONFIDENTIAL  
Payroll, Physicians, & Research Institute Staff

BADGE #

LAST NAME

W A N G

FIRST NAME

Z I H A N

MIDDLE INITIAL

DATE OF BIRTH

Y1 Y9 Y9 Y6 / M0 M1 / D2 D2

START DATE

Y2 Y0 Y1 Y6 / M0 M6 / D0 D1

This immunization form is to be completed by either a *physician or, if appropriate, the Occupational Health Nurse* at your previous employer. This form will be reviewed with you by a SickKids Occupational Health Nurse. You are required to visit the Occupational Health Clinic (Rm. 5309) in the first week of your employment.

IT IS THE EXPECTATION THAT THIS FORM WILL BE COMPLETED PRIOR TO YOUR START DATE.

It *may* take 4-6 weeks to complete these requirements. Please refer to your offer letter for important consequences that take place if the completed information is not provided in the first 14 days of employment. Relatives are not permitted to complete and sign this record nor are staff permitted to verify their own record. Any costs associated with the completion of this form are the responsibility of the new staff member. Please retain a copy of this form for your records.

**TUBERCULOSIS (TB) STATUS**

New staff whose TB skin testing status is unknown, and those previously identified as tuberculin negative, require a baseline two-step TB test. A 2-step TST involves the planting of a TST in the forearm and having it read by a physician or registered nurse 2-3 days later. If negative, the process will be repeated in the other arm 1-3 weeks later. This should be done no more than 4 weeks prior to your start date.

This is not needed if the new staff member has:

- documented results of a prior two-step test, or
- documented results of a negative TB skin test within the last 12 months, or
- 2 or more documented negative TB skin tests at any time but the most recent was more than 12 months ago,

**in which case a single-step test must be done no more than 4 weeks prior to your start date.**

If you have had a positive TB skin test, you are required to submit documentation of the positive test and an updated chest x-ray that was taken no more than 12 months prior to your start date. In situations where the new employee has had an Interferon Gamma Release Assay test conducted, individual assessment of additional requirements will be carried out.

Previous vaccination with Bacille Calmette-Guerin (BCG) is NOT a contraindication for TB skin testing and therefore the above requirements **still apply**. BCG vaccination is an unlikely explanation of a positive TB skin test if BCG was given in infancy. TB skin testing is safe to have while pregnant. The test can be affected by live vaccines and should be completed **before** vaccines such as MMR (measles, mumps, rubella) or varivax (chickenpox vaccine) are given.

TB test	Date planted:	Date read:	Induration (mm)
TB test	Date planted:	Date read:	Induration (mm)
TB test	Date planted:	Date read:	Induration (mm)

Chest x-ray: Required if TB skin test is 10mm induration or greater.

X-ray must have been done within the last 12 months. Positive skin test must be documented above.

X-ray:	Date:	Result:
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**IMMUNIZATION STATUS**

**Measles - One of the following is acceptable:**

- laboratory evidence of immunity (blood test resulting in a positive titre), or
- documentation of 2 doses of the measles vaccine (or trivalent MMR) given at least 4 weeks apart on or after the first birthday

**Mumps - One of the following is acceptable:**

- laboratory evidence of immunity (blood test resulting in a positive titre), or
- documentation of 2 doses of the mumps vaccine (or trivalent MMR) given at least 4 weeks apart on or after the first birthday.

**Rubella - One of the following is acceptable:**

- laboratory evidence immunity (blood test resulting in a positive titre), or
- documentation of the rubella vaccine (or trivalent MMR).

**Varicella (chickenpox) - One of the following is acceptable:**

- a physician or lab verified history of chicken pox or shingles (please note that self-reporting is not sufficient)
- laboratory evidence of detectable antibody (blood test resulting in a positive titre), or
- documentation of 2 chickenpox vaccines, given at least 4 weeks apart .

**Hepatitis B Vaccine** is not mandatory but all staff must disclose their immune status, i.e. for those persons who have been immunized, a Hepatitis B Antibody titre (positive or negative result) must be provided. Hepatitis B immunity is highly recommended for all staff that may have any contact with human blood and body fluids.

**Tetanus/Diphtheria/Pertussis** Documentation of pertussis vaccination status is required and one dTap in adolescence or adulthood is recommended. Also Tetanus/Diphtheria Vaccine is recommended every 10 years.

**Influenza Vaccine** It is expected all staff will have an annual Influenza vaccine in accordance with Hospital for Sick Children's Influenza Policy.

<b>Measles:</b>	Laboratory evidence of immunity (titres)	Measles - Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR 2 MMR vaccines	Date of 1 <sup>st</sup> MMR: Oct. 6, 1996	Date of 2 <sup>nd</sup> MMR: Sep. 6, 1997
<b>Mumps:</b>	Laboratory evidence of immunity (titres)	Mumps - Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR 2 MMR vaccines	Date of 1 <sup>st</sup> MMR:	Date of 2 <sup>nd</sup> MMR:
<b>Rubella:</b>	Laboratory evidence of immunity (titres)	Rubella -Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR MMR vaccine	Date of MMR:	
<b>Varicella:</b>	Laboratory evidence of immunity (titres)	Varicella - Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR documented history of disease (chickenpox or shingles)	Lab verification of disease attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Healthcare provider verification of disease: Date of illness:
	OR Varicella vaccine (2 doses)	Date of 1 <sup>st</sup> dose:	Date of 2 <sup>nd</sup> dose:
<b>Hepatitis B:</b>	Laboratory evidence of immunity (antibody titre must be provided if vaccinated)	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	Vaccination highly recommended for staff with exposure to blood and body fluids	Date of 1 <sup>st</sup> dose: Jan. 22, 1996	Date of 2 <sup>nd</sup> dose: Feb. 22, 1996 Date of 3 <sup>rd</sup> dose: July 22, 1996
<b>Tetanus/ Diphtheria/ Pertussis</b>	Pertussis vaccination status is required Adult pertussis vaccine <input type="checkbox"/> NO	<input type="checkbox"/> dTap (Adacel) Date: April 4, 1996 <input type="checkbox"/> Td Date:	Pertussis vaccination (dTap) once as an adult, Td every 10 years recommended
<b>Influenza:</b>	Highly recommended annually	Date of last influenza vaccine:	

Completed by (Physician/RN) : \_\_\_\_\_ Signature/Stamp: \_\_\_\_\_

Date of completion: \_\_\_\_\_

I, (print) \_\_\_\_\_ agree to release the above information to Occupational Health and Safety Services at The Hospital for Sick Children. I understand that my manager will be allowed to know my compliance status in relation to the mandatory requirements of the Staff Immunization and Surveillance Policy outlined in my offer letter.

New staff signature: \_\_\_\_\_ Date: \_\_\_\_\_