

APPENDIX A IMMUNIZATION RECORDS – CONFIDENTIAL

Medical Observers & Visiting Scientist Staff

LAST NAME	FIRST NAME	MIDDLE INITIAL
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (YEAR/MONTH/DAY)	START DATE (YEAR/MONTH/DAY)	
<input type="text"/>	<input type="text"/>	

This immunization form is to be completed by a *physician, occupational health nurse, or registered nurse* who is active and in good standing with their respective college. This form will be reviewed with you by a SickKids Occupational Health Nurse. You are required to visit the Occupational Health Clinic (rm. 5309, Black Wing) in the first week of your employment.

THIS FORM MUST 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 of your start date.

A 2 step TB skin test is **not** required if you can provide:

- Documented results of a prior two-step test, or
- Documented results of a negative TB skin test within the last 12 months

In which case a single-step test must then 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, and rubella) or varivax (chickenpox vaccine) are given.

TB test #1	Date planted:	Date read:	Induration (mm)
TB test #2	Date planted:	Date read:	Induration (mm)
Annual TB test Completed 4 weeks prior to your start date	Date planted:	Date read:	Induration (mm)

Chest x-ray: Required if TB skin test is 10 mm induration or greater. X-ray must have been done within the last 12 months. Positive skin test must be documented above.

X-ray Date:	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).

NAME:

BADGE #

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

- 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. One adult dose in addition to the routine adolescent booster dose is required.

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

Measles:	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 st MMR:	Date of 2 nd MMR:
Mumps:	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 st MMR:	Date of 2 nd MMR:
Rubella:	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:	
Varicella:	Laboratory evidence of immunity (titres)	Varicella - Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR Varicella vaccine (2 doses)	Date of 1 st dose:	Date of 2 nd dose:
Hepatitis 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 st dose:	Date of 2 nd dose:
			Date of 3 rd dose:
Tetanus/ Diphtheria / Pertussis	Pertussis vaccination status is required	<input type="checkbox"/> dTap (Adacel) Date:	Pertussis vaccination (dTap) once as an adult, Td every 10 years recommended
	Adult pertussis vaccine <input type="checkbox"/> No	<input type="checkbox"/> Td Date:	
Influenza:	Highly recommended annually	Date of last influenza vaccine:	

Completed by (Physician/RN): _____ Signature/Stamp: _____

Date of completion: _____

I, (print full name) _____ agree to release the above information to the medical credentials office at The Hospital for Sick Children. I understand that this document will be retained in the medical credentials office and 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. In the event of an outbreak this form will be shared with Occupational Health.

New Staff signature: _____ Date: _____

For the purposes of SickKids Staff Immunization & Surveillance Policy, the term "Staff" refers to all persons carrying out work activities within the hospital and includes all employees, physicians, dentists, scientists, volunteers, students, independent contract workers and observers. All staff are required to comply with The Hospital for Sick Children's Staff Immunization and Surveillance Policy, which is based upon the OMA/OHA Communicable Disease Surveillance Protocols for Ontario Hospitals.