



Pre-Placement/Employment Confidential Immunization Record

In keeping with the Public Hospitals Act and both the Ontario Hospital Association and Ontario Medical Association guidelines, Stevenson Memorial Hospital requires a baseline immunization record for all persons carrying on activities in the hospital including physicians, employees, students, volunteers, and contract workers.

This record must be completed prior to commencement of placement/work at SMH.

Name (print)		Phone:	
Department/Unit			
Position:		Start Date:	
I declare that the information provided below is accurate to the best of my knowledge			
Signature:			

Mask Fit Testing (Mandatory – annual testing)

Date:	Mask type:

Measles, Mumps, and Rubella Titres (mandatory):

Type	Result	Date
Red measles		
Mumps		
Rubelle (German measles)		
If susceptible to Measles, Mumps, or Rubella two doses of MMR vaccine is necessary for immunity and should be given 4-6 weeks apart.		
MMR vaccines	Date:	Signature:
1.		
2.		

Varicelle Titre (mandatory):

Result:		
Date:		
If susceptible to Varicella, two doses of Varivax vaccine is necessary and should be given 4-8 weeks apart.		
Varivax vaccine	Date	Signature
1.		
2.		

Tuberculosis Investigations (mandatory):

Baseline: A two-step mantoux skin test is required for all persons identified as tuberculosis negative and/or previously vaccinated with Bacille Calmette-Guerin (BCG) without recent testing.

Pregnancy and/or previous BCG vaccination is not contraindicated for Mantoux testing.

Exceptions:

- History of severe blistering reaction following a past test
- Documented active TB
- Clear history of treatment of TB in the past
- Major viral illness (persons with common cold can be tested)
- Live virus vaccine in the past month.

With history of positive Mantoux skin test:

- Have you had BCG vaccination? Yes Date: _____ No Unknown
- Chest X-ray (to be done if TB skin test is greater than 10 mm Yes No
 - If yes, date CXR completed _____ Result: _____
- Have you been treated for TB Yes No Date Assessed: _____
- Duration and type of treatment: _____

- Any current signs or symptoms of active TB? To be completed by physician
 - Yes
 - No

In accordance with the Ontario Hospital Association guidelines, step #1 is to be done prior to start date. Step #2 of the test will be completed during your placement.

Step #1 Mantoux Test (mandatory to be done prior to start date):

Date of Mantoux skin test		Must be completed prior to start date
Date of reading		Must be read within 48-72 hrs
Result		Mm induration

Flu Vaccine (recommende):

Date Given	Signature

Tentanus, Diptheria, Polio, Pertussis (recommended)

Was primary series completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of most recent vaccinations:	
Type of vaccination:	

Hepatitis B (recommended for all students/employees performing direct patient care):

Dose	Date Given:		Signature:
1			
2			
3			
Booster			
Anti-HBS titre		Date:	

Health Professional's Name (please print)

Phone

Health Professional's Signature

Date