



Health Review Immunization Form

Welcome. The Health Review process through Employee Health is one of the key components in promoting and maintaining the health of our staff.

Staff includes hospital employees, physicians, medical students, midwives, volunteers, students, contract workers, non-medical observers, temporary agencies and independent contractors not on payroll. All staff are required to comply with Guelph General Hospital's (GGH) Immunization Policy, which is based on OHA Communicable Disease Surveillance Protocol.

Please bring to your appointment:

- Your immunization information is available to you through your family doctor, your yellow immunization card or your Public Health records.
- Copies of titre blood work results that verify your immunity
- Your completed immunization form from school or a previous employer (if applicable)

What can you expect at the appointment?

1. You will meet with an Employee Health Nurse and review your immunization records.
2. You may be required to have Tuberculin skin testing done (either 1 step or 2 step)
3. You may be scheduled for a follow up appointment to receive required vaccines, check your TB skin test or complete your health review requirements.

If you have any questions, please contact Employee Health Services **519-837-6440 x. 2387** OR email Employeehealth@gghorg.ca OR Fax **519-837-6780**

Tuberculosis:

- A **documented 2-Step** tuberculin skin test
- A **documented 1-Step** tuberculin skin test done within the last 12 months
- Individuals who have had a **positive TB skin test**, are required to submit documentation of results and a chest x-ray or IGRAs (bloodwork) done within the last 12 months
- If you have received a live virus vaccine (such as MMR or Varicella) you must wait 4 weeks to complete tuberculin skin testing

Measles, Mumps & Rubella (MMR):

- **2 MMR** immunizations **OR**
- Laboratory evidence of detectable antibody for Measles, Mumps and Rubella

Hepatitis B Vaccination:

- Documentation of **Hepatitis B vaccine doses** given (Engerix B or Twinrix) **AND**
- Laboratory evidence of detectable antibody

Varicella (Chickenpox):

- Documentation of 2 **Varicella** vaccines **OR**
- Laboratory evidence of detectable antibody

Tetanus/Diphtheria/Pertussis (*Whooping Cough*)

- **Tetanus/Diphtheria** is recommended every 10 years and is available in combination with Acellular Pertussis as Tdap/Adacel

Influenza Vaccine:

- Documentation of annual **Influenza** immunization

Meningococcal Vaccine:

- **Meningococcal** vaccine (*Microbiology Employees Only*)



Health Review Immunization Form

(Employee Health Services)

Name _____ Date of Birth _____ (dd/mm/yy)

Telephone: _____ Start Date _____ Dept. _____

Type of Hire (check one): **Employee** **Other** _____

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals and the Guelph General Hospital Staff Immunization and Surveillance Policy, **you must provide documentation to support the completion of this form. It can be obtained from your physician's office/previous employer/ teaching institution, Public Health or a prior GGH placement. Failure to comply may result in a delay to your start date.** I agree to release the below information to Employee Health Services at Guelph General Hospital. I understand that Human Resources will be informed once the process is complete.

Signature _____ Date _____ (dd/mm/yy)

Immunization information completed by: (Physician / Nurse)

Name (Please print): _____ Signature: _____ Date: _____
(Please see "Health Review Immunization Form" (reverse) for details of requirements)

TUBERCULIN TESTING (Tuberculosis)

	2-Step TB skin test		1-Step TB skin test within past 12 months <i>(Required: if 2-step is outside past 12 months)</i>
	Step 1	Step 2	
Date of Test (dd/mm/yy)			
Result (Pos / Neg.)			
Induration			
X-ray (if required)	Date of X-ray (dd/mm/yy): _____		Result: _____

MEASLES / MUMPS / RUBELLA

2 MMR immunizations: MMR#1 Date (dd/mm/yy): _____ MMR #2 Date (dd/mm/yy): _____

OR

Laboratory Evidence of Immunity (titre):

Measles: Date of Test (dd/mm/yy): _____ Result: Positive Negative Level _____

Mumps: Date of Test (dd/mm/yy): _____ Result: Positive Negative Level _____

Rubella: Date of Test (dd/mm/yy): _____ Result: Positive Negative Level _____

HEPATITIS B

Immunization Dates (dd/mm/yy): Hep B #1: _____ Hep B#2: _____ Hep B#3: _____

AND

Laboratory Evidence of Immunity (titre):

Date of Titre (dd/mm/yy): _____ Result: Positive Negative Level _____

If Negative Titre

Immunization Date (Booster) (dd/mm/yy): _____

Date of repeat titre (dd/mm/yy): _____ Result: Positive Negative Level _____

VARICELLA (Chicken pox)

Immunization Dates (dd/mm/yy) (**2 doses required**): Immunization #1: _____ Immunization #2: _____

OR

Laboratory Evidence of Immunity (titre): Date of Titre (dd/mm/yy): _____ Result: Positive Negative Level _____

TETANUS / DIPHTHERIA/PERTUSSIS (Whooping Cough)

Has acellular pertussis (Adacel) ever been given? Yes (Year _____) No

Date of last immunization (dd/mm/yy) _____

INFLUENZA VACCINE

Date of most recent Influenza vaccine (dd/mm/yy): _____

MENINGOCOCCAL VACCINE **Laboratory Microbiology Employees Only

Date of last immunization (dd/mm/yy) _____