

## SCHEDULE C: IMMUNIZATION AND SURVEILLANCE RECORD (STAFF)

In order to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals you must have this form completed prior to commencing work at St. Michael's.

**Instructions:** Please have this form completed by your treating physician. Any costs associated with the completion of this form are your responsibility. Your manager/supervisor shall be notified of your compliance.

Name:	Signature:	Date of Birth: (mm/dd/yy)
Telephone No.:	Email:	Dept:

**Tuberculin Skin Testing:** Documentation of a two (2) step TB skin test is **required**. This consists of one TST followed by a second TST (if the first was negative) at any time from 1 week to 1 year later. The two-step protocol needs to be performed ONCE only if properly performed and documented. It never needs to be repeated. If the negative two step was not completed within the last 12 months, an annual one step must be completed.

	Date Planted	Date Read	Induration (mm)
1 <sup>st</sup> TST			
2 <sup>nd</sup> TST			
Most recent TST			

<b>MEASLES</b>	Laboratory evidence of immunity (serum measles IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR documentation of receipt of 2 doses of live measles vaccine (e.g. MMR) on or after the first birthday	Date of 1 <sup>st</sup> MMR:	Date of 2 <sup>nd</sup> MMR:
<b>MUMPS</b>	Laboratory evidence of immunity (serum rubella IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR documented evidence of immunization with live rubella vaccine (e.g. MMR) on/after the 1st birthday	Date of 1 <sup>st</sup> MMR:	Date of 2 <sup>nd</sup> MMR:
<b>RUBELLA</b>	Laboratory evidence of immunity (serum mumps IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR documentation of receipt of 2 doses of mumps vaccine (or trivalent measles-mumps-rubella (MMR) vaccine) on or after the first birthday	Date of 1 <sup>st</sup> MMR:	Date of 2 <sup>nd</sup> MMR:
<b>VARICELLA</b>	Laboratory evidence of immunity (serum VZV IgG)	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR laboratory confirmation of disease	Documented history? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	OR Varicella vaccine (2 doses required)	Date of 1 <sup>st</sup> dose	Date of 2 <sup>nd</sup> dose
<b>HEPATITIS B</b>	Laboratory evidence of immunity (anti-Hbs) – <b>MANDATORY</b>	Date of test:	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	Vaccination not mandatory but highly recommended for staff who may have exposure to blood and body fluids	Date of dose 1: Date of dose 2: Date of dose 3:	
<b>TETANUS/ DIPHTHERIA/ PERTUSSIS</b>	Not mandatory but Adacel vaccine (one time in adulthood) is recommended to protect against pertussis	Please check one: <input type="checkbox"/> Td Date: _____ <input type="checkbox"/> dTap (Adacel) Date: _____	
<b>INFLUENZA</b>	Not mandatory but highly recommended	Date of last vaccine:	

MD/RN Signature	Date	Office Stamp
MD/RN Name		
MD/RN Address		
City	Postal Code	
Telephone	Fax	

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