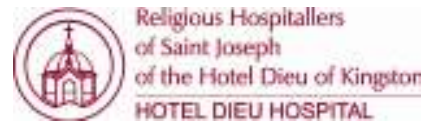


**Hotel Dieu Hospital  
Occupational Health & Safety Screening Form**



***Please complete your information***

Last Name	First Name	Date of Birth (dd/mm/yyyy)
(Area code) Telephone	Address	
Health Card Number _____ version code _____ validation dates: _____ to _____		

In order to carry out activities at Hotel Dieu Hospital you require mandatory health screening. This must be completed prior to commencing your volunteer shift.

You are required to provide evidence of the following testing being completed:

A 2-step Mantoux (or 1-step Mantoux if documentation of previous 2-step Mantoux is provided) is required according to Canadian Tuberculosis Standards.

Step I – Date (dd/mm/yy) \_\_\_\_\_ Reaction: \_\_\_\_\_ mm  
 Step II – Date (dd/mm/yy) \_\_\_\_\_ Reaction: \_\_\_\_\_ mm

*A baseline two-step is Tuberculin Skin Test (TST) testing done 1-4 weeks apart. A single TST may be done on those who have had documented TST within the past year (please provide proof).*

\*Persons who are documented as positive must be assessed by a physician and provide satisfactory written evidence that they do not present a health risk to other staff, patients, volunteers, etc.

Evidence of immunity to mumps, measles, rubella is required by OMA/OHA Communicable Diseases Surveillance Protocols. The following will be accepted as proof of immunity

- documentation of receipt of 2 doses of mumps, measles, rubella-containing vaccine on or after the first birthday, with doses given at least four weeks apart, **OR**
- laboratory evidence of immunity

MMR vaccination dates 1. \_\_\_\_\_ 2. \_\_\_\_\_

**OR**

Date of serology (dd/mm/yy) \_\_\_\_\_ Result: \_\_\_\_\_  
 Date of serology (dd/mm/yy) \_\_\_\_\_ Result: \_\_\_\_\_  
 Date of serology (dd/mm/yy) \_\_\_\_\_ Result: \_\_\_\_\_

Evidence of immunity to Varicella is required by OMA/OHA Communicable Diseases Surveillance Protocols. The following will be accepted as proof of immunity

- documentation of receipt of 2 doses of varicella vaccine at least 4 weeks apart, **OR**
- laboratory evidence of immunity

Varicella vaccination dates 1. \_\_\_\_\_ 2. \_\_\_\_\_

**OR**

Date of serology (dd/mm/yy) \_\_\_\_\_ Result: \_\_\_\_\_

*Persons with a self-provided history of chickenpox or zoster are no longer assumed to be immune.*

Pertussis Vaccination is recommended by OMA/OHA Communicable Diseases Surveillance Protocols.

Individuals should receive a single dose of tetanus diphtheria acellular pertussis vaccine (Tdap) for pertussis protection if not previously received in adulthood. Please note the adult dose is in addition to the routine adolescent booster dose.

Tdap date of vaccination: \_\_\_\_\_

This screening can be done through your family physician, your local Health Unit or the Student Health Centre if applicable. Test results must be provided to the Occupational Health Department. You may mail or fax the results to:

Occupational Health, Hotel Dieu Hospital, 166 Brock Street, Kingston, ON, K7L 5G2  
Confidential Fax: 613-547-1430.

Please have the physician complete the following information contained on this form.

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Health Care Professional's Last Name	First Name	(Area Code) Telephone#
Signature	Date	