

IMMUNIZATION & COMMUNICABLE DISEASE RECORD

To be COMPLETED for all HEALTH CARE WORKERS (see definition on reverse).
 Compliance with the WRHA Immunization Policy is a condition of employment.

Name: (PLEASE PRINT) _____ Date of Birth: _____

REQUIRED IMMUNIZATIONS/TESTING – READ INFORMATION ON REVERSE

1. MEASLES ⇄ (Red Measles / Rubeola) (Required: 2 doses as a child or adult)	Measles Titre OR Measles Vaccine Result: _____ Date: #1 _____ Date: _____ Date: #2 _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">MMR Vaccine</th> </tr> <tr> <td>Dose #1 MMR</td> </tr> <tr> <td>Date: _____</td> </tr> <tr> <td>Dose #2 MMR</td> </tr> <tr> <td>Date: _____</td> </tr> </table>	MMR Vaccine	Dose #1 MMR	Date: _____	Dose #2 MMR	Date: _____							
MMR Vaccine														
Dose #1 MMR														
Date: _____														
Dose #2 MMR														
Date: _____														
2. MUMPS ⇄ (Required: 2 doses as a child or adult)	Mumps Titre OR Mumps Vaccine Result: _____ Date: #1 _____ Date: _____ Date: #2 _____													
3. RUBELLA ⇄ (German Measles) (Required: 1 dose as a child or adult)	Rubella Titre OR Rubella Vaccine Result: _____ Date: _____ Date: _____													
4. CHICKENPOX (Required: Immune status, i.e. history - If unreliable: Do Titre - If susceptible; May Give 2 doses of vaccine)	Chickenpox History: (scars, remembers, age) _____ Chickenpox Titre Result: _____ Date of Titre: _____ Vaccine Date: Dose #1 _____ Vaccine Date: Dose #2 _____													
5. HEPATITIS B (Required: 3 doses with dates received and/or a positive antiHBs titre; If negative antiHBs titre, 3 more doses required and a antiHBs titre)	Dose 1 _____ Dose 2 _____ Dose 3 _____ HB Titre Result (anti HBS): _____ Date of Titre: _____ Dose 4 _____ Dose 5 _____ Dose 6 _____ HB Titre Result (anti HBS): _____ Date of Titre: _____													
6. Tdap see info on back	Date: _____													
7. TUBERCULOSIS (Required: 2 step TST) (# 2 TST to be done 7 to 28 days from #1 TST) Measure induration, not redness at test site. Record in millimeters Chest x-ray required if TST is positive >10 mm or more, or as a new employee, have not had a chest x-ray in past year	BCG VACCINE Date of vaccine: _____ Scar Present: No: <input type="checkbox"/> Yes: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Site: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Tuberculin Skin Test (TST)</th> <th style="width: 33%;">2 STEP TST DATES:</th> <th style="width: 33%;">MOST RECENT TST:</th> </tr> <tr> <td>(MMR not to be given with 1st TST, MMR okay with 2nd)</td> <td></td> <td>(A TST is required within 1 year for new health care workers)</td> </tr> <tr> <td>#1 Date: _____ Result: _____ mm</td> <td></td> <td>Date: _____</td> </tr> <tr> <td>#2 Date: _____ Result: _____ mm</td> <td></td> <td>Result: _____ mm</td> </tr> </table>		Tuberculin Skin Test (TST)	2 STEP TST DATES:	MOST RECENT TST:	(MMR not to be given with 1 st TST, MMR okay with 2nd)		(A TST is required within 1 year for new health care workers)	#1 Date: _____ Result: _____ mm		Date: _____	#2 Date: _____ Result: _____ mm		Result: _____ mm
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#1 Date: _____ Result: _____ mm		Date: _____												
#2 Date: _____ Result: _____ mm		Result: _____ mm												
	CHEST X-RAY Include copy of CXR with completed record if it was required for positive TST. No: <input type="checkbox"/> Yes: <input type="checkbox"/> Date: _____ Result: _____ Referred for follow-up? No: <input type="checkbox"/> Yes: <input type="checkbox"/> To Whom: _____ Include documentation of referral follow-up.													

Signature of Physician/Nurse: _____ Phone Number: _____

PLEASE READ

Health Care Worker (HCW):

A person who is employed by, or under a service agreement/contract with the WRHA, in a full time, part time, or casual position and that provides health services directly to patients, clients and residents. Health services include those functions that bring the health care worker in direct physical contact with patients or materials associated with patient care. HCW also includes students in clinical practice who provide health services directly to patients/clients/residents in healthcare practice settings within the WRHA.

Immunizations:

Immunizations or records that are required for health care workers can be obtained from: 1) family physician; 2) primary care or access center in your area; 3) rural Provincial Public Health Unit; or 4) Travel Health Clinic.

REQUIRED IMMUNIZATIONS / TESTING

Records are to be provided at Documentation appointment in Occupational and Environmental Safety & Health (OESH)

1. Measles (Rubeola or Red Measles)

Immunity against measles may be a: 1) documented immunization or; 2) lab-confirmed immunity (titre). Immunity against red measles (rubeola) requires **two doses** of red measles-containing vaccine, usually supplied as MMR II vaccine.

2. Mumps

Immunity against mumps may be a: 1) documented immunization or; 2) lab-confirmed immunity (titre); or 3) history of previous disease documented by a physician. Immunity against mumps requires two doses of mumps-containing vaccine or MMR II.

3. Rubella (German measles)

Immunity against rubella may be a: 1) documented immunization or; 2) lab-confirmed immunity (titre); or 3) history of previous disease documented by a physician. Immunity against German measles (rubella) requires **one dose** of rubella-containing vaccine or MMR II.

4. Chickenpox (Varicella) History/Test

History of disease will be accepted if diagnosed by physician, parent or is self-reported. If uncertain re history, lab-confirmed immunity (titre) is required. If susceptible, health care workers can receive **2 doses** of chickenpox vaccine from their physician. This vaccine is **not required** for employment.

5. Hepatitis B

Required for all health care workers who may be exposed to blood or body fluids or who may be at increased risk of a needlestick/sharps injury, bites or spills/splashes. Immunity against Hepatitis B may be a: 1) documented series of 3 doses of vaccine given over a six-month period; and 2) lab-confirmed immunity (titre). Titre should be done approximately one month after the 3rd dose. If no antibodies after 3 doses, repeat series and measure antibody titre again, one month after the last dose.

6. Tdap

All health care and child care workers, regardless of age, should receive a single dose of Tdap vaccine for pertussis protection if this vaccine was not previously administered in adulthood, even if the person is not due for a tetanus and diphtheria booster.

7. Tuberculosis

- History and date of BCG vaccine and/or evidence of a BCG scar should be documented.
- A two-step tuberculin skin test (TST) is required once in a life-time, with results recorded. Results are to be recorded in millimeters of induration. A TST update is required if no TST has been done in the last 12 months.
- A PA chest x-ray is required if TST is 10 mm or greater, as well as an assessment re latent TB.
- A TST cannot be given if the individual has received any live or attenuated vaccine within the previous 6 weeks, as results of the TST will be unreliable.

Immunization information provided above can be found in the following reference documents.

- ◆ Canadian Immunization Guide, National Advisory Committee on Immunizations, Health Canada, 7th Edition, 2006.
- ◆ Tuberculosis -- Canadian Tuberculosis Standards, 6th Edition, 2007
- ◆ <http://www.phar-aspc.gc.ca/publicat/clg-gcl/p03-work-travail-eng.php>, WRHA Immunization and Tuberculin Testing Policy June 2006