

**GUIDELINES FOR COMPLETION OF CITY-WIDE HEALTH SCREEN
FOR VISITING ELECTIVES**

(MUST Provide Proof)

Past LHSC/St. Joseph's Record: Yes No

Anticipated Start Date of Clinical Placement (YYYY/MM/DD):		
Anticipated End Date of Clinical Placement (YYYY/MM/DD):		
First Name:	Last Name:	
Gender:	Date of Birth (YYYY/MM/DD):	Family Physician:
Home Phone:	Cell Phone:	Email:
Emergency Contact Person:		Contact's Phone:
Primary Hospital Affiliation:	<input type="checkbox"/> LHSC	<input type="checkbox"/> SJHC
Department:	Division:	

Do you have any <u>food or drug/vaccine allergies</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details: _____

A Health Screen is an integral part of your hospital appointment and **must be completed prior to your start date**. The required/recommended vaccinations and TB testing may be administered at your family physician's office or at the local health unit in the area which you reside. Visiting Electives are directed to send their completed forms with proof of immunizations/testing to Victoria Hospital Occupational Health Department at LHSC (see below for further details). These records may be available from the Occupational Health department of the Hospital where you are completing your residency.

Visiting Elective Physicians who perform exposure-prone procedures have an ethical responsibility to know their serological status for Hepatitis B Virus, Hepatitis C Virus and Human Immunodeficiency Virus (HIV). Those who learn they are infected should seek advice from their professional regulatory body. For those with no regulatory body, the local Medical Officer of Health or OHSS can provide advice with respect to recommended safe work practices.

A Visiting Elective who is unwilling or unable to be vaccinated may require work restrictions and/or a work accommodation. Work accommodations are based on the relevant exposure risks, and subject to the hospital's ability to accommodate.

Vaccination Recommendations/Requirements

1. Red Measles

You require 2 doses of measles containing vaccine with the first dose being given on or after your 1st birthday and the second dose given at least 4 weeks from the first dose OR laboratory evidence of immunity.

2. Rubella

You require 1 dose of rubella containing vaccine, given on or after your 1st birthday OR laboratory evidence of immunity.

3. Mumps

You require 2 doses of mumps containing vaccine with the first dose being given on or after your 1st birthday and the second dose given at least 4 weeks from the first dose OR laboratory evidence of immunity.

4. Varicella (Chicken pox)

CITY-WIDE HEALTH SCREEN FOR VISITING ELECTIVES

You require documented receipt of 2 doses of varicella vaccine (e.g., physician's certificate or vaccination record) OR laboratory evidence of varicella immunity, or laboratory confirmation of disease. Immunization is recommended for those without immunity.

5. Tetanus/Diphtheria

It is recommended that you receive a primary series of Tetanus/Diphtheria in childhood followed by a routine booster every ten (10) years. If you have not already received a primary Tetanus/Diphtheria series, then you require three doses as part of an adult primary immunization regimen and should contact your family physician or Health Unit in order to complete your primary series.

6. Tetanus/Diphtheria/Pertussis (Tdap)

It is recommended that you receive a one-time dose of Tetanus/Diphtheria and Acellular Pertussis booster. If you are providing care to pregnant women and/or children, you should receive this one-time dose of Tdap as soon as possible.

7. Hepatitis B

It is recommended that all health care workers receive a course of Hepatitis B vaccine. **For your protection, it is important to obtain a Hepatitis B antibody titre following immunization** to ensure that you are adequately protected. If you have been vaccinated, please provide laboratory report of your antiHbs level.

Tuberculosis (TB) Surveillance and Isoniazid (INH)

You are required to have a baseline two-step TST regardless of BGC, unless you have:

- Documented results of a prior two-step test, OR
- Documentation of a negative TST within the last 12 months, in which case a single-step test may be given (taken from the Tuberculosis Surveillance Protocol for Ontario Hospitals 2018)

Please submit records of all past and most recent TB skin tests.

Please indicate in the box on page 4 if you have recently travelled to a TB Endemic area.

NOTE: IGRA results are not accepted as an alternative to the TB skin test. A baseline two-step TB skin test is a requirement in accordance with the Communicable Diseases Surveillance Protocols for Ontario Hospitals.

Individuals with Positive TB Skin Tests

A chest x-ray is required if there is a previously documented positive TB skin test or history of active TB disease. You must provide documentation of chest x-ray taken after the positive TB skin test. If you have a history of a confirmed positive TB test and you have already received counseling or advice concerning prophylactic treatment (Isoniazid), you should provide a copy of your consult note. Another chest x-ray may be taken if clinically indicated.

TB Positive individuals are to also complete the LHSC TB Positive Questionnaire, which can be found at the following link
<https://www.sjhc.london.on.ca/medical-affairs/resources/health-review>

N95 Fit Testing

Fit Testing is required every two years. If you have been fit tested to one of the following N95 respirators within the last two years, additional fit testing is not required at this time. However, you will need to provide proof of your current fit testing record along with your immunization requirements.

• 3M model 1870/9210

• 3M model 8210

• 3M model 1860S

CITY-WIDE HEALTH SCREEN FOR VISITING ELECTIVES

Please complete the following immunization / history section (MUST Provide Proof)

Proof of immunization is required and includes any of the following:

- Vaccination records from yellow immunization cards
- Immigration records
- Notes from physician's offices
- Copies of laboratory reports (titres)
- Health Unit records
- Other hospital electronic immunization records (provided they are signed by a physician or nurse) from the Occupational Health department of the Hospital where you are completing your residency.

Immunization	Requirements	Vaccine/Titre Type	Date yyyy/mm/dd	Result
Red Measles	Require proof of 2 Red Measles-containing vaccines OR lab results indicating immunity	MMR Vaccine (Measles / Mumps / Rubella)	1.	
			2.	
		Red Measles only Vaccine		
		Red Measles Titre		
		Mumps Titre		
		Rubella Titre		
Mumps	Require proof of 2 Mumps-containing vaccines <u>OR</u> lab results indicating immunity			
Rubella	Require proof of 1 Rubella-containing vaccine <u>OR</u> lab results indicating immunity			

Immunization	Requirements	Vaccine Type	Date of Vaccine	Titre	
				Date	Result
Varicella (chicken pox)	Require proof of 2 doses of Varicella vaccine at least 4 weeks apart <u>OR</u> laboratory evidence of immunity or laboratory confirmation of disease	Varicella	1.		
			2.		
Hepatitis B Vaccination	Strongly recommend vaccination/ laboratory confirmed immunity	Hepatitis B	1.		
			2.		
			3.		
Tetanus, Diphtheria, Acellular Pertussis Td/Tdap:	Td is recommended every 10 years. A one-time dose of Tdap (Adacel/Boostrix) is recommended as an adult. This can be given at any time, even if 10 years has not elapsed since your last Td. For those looking after pregnant women and children, a dose should be given as soon as possible.	Tetanus/Diphtheria (Td)	Most recent:		
		Tetanus/Diphtheria/ Polio (TdP)	Most recent:		
		Tetanus/Diphtheria/ Pertussis (Tdap)	Most recent:		
Meningitis	Vaccine may be recommended if working in Microbiology Laboratory	Type:			
Seasonal Influenza	Recommend October 1 – March 31. See Staff/Physician Influenza Vaccination Policy	Type:	Most recent:		

CITY-WIDE HEALTH SCREEN FOR VISITING ELECTIVES

(MUST Provide Proof)

<p style="text-align: center;">2 Step TB Skin Test History</p> <p>Date #1: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Date #2: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	<p style="text-align: center;">If TB Skin Test <u>positive</u> in the past: LHSC staff to also complete Survey for Staff With Positive TB Skin Test https://www.sjhc.london.on.ca/medical-affairs/resources/health-review</p>
	Date of Test: _____
	Induration (mm): _____ Endemic Travel Hx <input type="checkbox"/> Yes <input type="checkbox"/> No
	Positive results have been previously investigated? (If yes attach consult note) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of X-ray (Must be taken after the positive TB skin test ; attach proof): _____
	Treatment for TB infection? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Treatment: _____
<p style="text-align: center;">Most recent TB Skin Test</p> <p>Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	

Please list any medical conditions or restrictions that you may wish the Occupational Health Nurse to be aware of:

Have you been fit-tested within the last 2 years to wear an N95 respirator?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach proof.
---	---

All information received is strictly confidential. It will be shared between Occupational Health departments at LHSC and St. Joseph's to complete health screen requirements, and will reside at the Occupational Health department of the organization Medical Affairs deems to be your place of primary appointment.

Signature _____ Date: _____

Prior to your anticipated start date, return this completed form with proof of immunizations/testing to Occupational Health and Safety Services (OHSS). You will be contacted if additional information or if testing is required.

London Health Sciences Centre Victoria Hospital Occupational Health and Safety Services, Room E1-505 800 Commissioners Road East, London, ON N6A 5W9 VH 519-685-8500 ext. 33201 UH 519-685-8500 ext. 52346 Fax: 519-685-8374 Email: OHSS-medicalaffairs@lhsc.on.ca
<p>For Occupational Health Use Only</p> <p>Reviewed by: _____ (OHN) Date: _____</p> <p>Notification to Medical Affairs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>