

GUIDELINES FOR COMPLETION OF CITY-WIDE HEALTH SCREEN FOR MEDICAL STAFF

(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):			
Please check off the appropriate category that you will be working in:			
<input type="checkbox"/> Professional Staff		<input type="checkbox"/> Resident	
<input type="checkbox"/> Clinical Fellow		<input type="checkbox"/> Visiting Elective	
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 initiated or completed prior to your start date. The required/recommended vaccinations and TB testing may be administered at your family physician's office, the local health unit in the area which you reside or in Occupational Health and Safety Services (OHSS).

LHSC Clinical Fellows and Professional Staff are directed to send their completed form with proof of immunizations/testing to the South Street Annex Occupational Health location at LHSC.

SJHC Clinical Fellows and Professional Staff are directed to send their completed form with proof of immunizations/testing to the St. Joseph's Hospital Occupational Health location.

Residents and Visiting Electives are directed to send their completed form with proof of immunizations/testing to the South Street Annex Occupational Health location at LHSC.

For further information and answers to common questions, please go to the link: [Health Review form](#)

All Medical Staff must attend any required OHSS appointments and/or complete recommended testing in a timely fashion.

Medical Staff 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 the OHSS can provide advice with respect to recommended safe work practices.

Any Medical Staff Person 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.

CITY-WIDE HEALTH SCREEN FORM FOR ALL MEDICAL STAFF

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)

We require written confirmation from physician supporting an actual date of disease OR documented receipt of 2 doses of varicella vaccine (eg, physician's certificate or vaccination record) OR laboratory evidence of varicella immune status. 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. Otherwise, you can wait until your next tetanus booster is due.

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)

Health care workers (HCWs) whose Tuberculin Skin Test (TST) status is unknown, and those previously identified as tuberculin negative, require a baseline two-step TST unless they have: documented results of a prior two-step test, documentation of a negative TST within the last 12 months or, 2 or more documented negative TST at any time but the most recent was >12 months ago, in which case a single-step test may be given. (taken from the Tuberculosis Surveillance Protocol for Ontario Hospitals – OHA May 2012)

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

Individuals with Positive TB Skin Tests

You must have documentation of a recent (within the past 12 months) chest X-ray. In the event that you do not have a recent chest X-ray, you will be given a requisition and asked to complete the X-ray. These results will be reviewed by the Occupational Health Physician in order to rule out active disease.

If you have a history of a confirmed positive TB test and you have not received counseling or advice concerning prophylactic treatment, you may be referred for an expert consultation. If you have already received counseling or advice concerning prophylactic treatment, you should provide a copy of your consult note.

CITY-WIDE HEALTH SCREEN FORM FOR ALL MEDICAL STAFF

TB positive individuals, who are completing their primary placement/appointment at SJHC, please complete the screening questions within the TB positive section of the attached City Wide Health Screen Form.

TB Positive individuals, who are completing their primary placement/appointment at LHSC, please complete LHSC TB Positive Questionnaire, in addition to the TB positive section of the attached City Wide Health Screen Form. [Health Review form](#)

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

Fit-Testing at LHSC: If you require an N95 fit test, visit [Fit testing sessions on the Medical Affairs intranet site](#) for a schedule of drop in sessions, a fact sheet, a medical screening questionnaire and an information sheet.

Fit-Testing at St. Joseph's: If you require an N95 fit test, you may call extension 64332 to arrange an appointment.

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)

Immunization	Requirements
Red Measles	Require proof of 2 Red Measles-containing vaccines <u>OR</u> lab results indicating immunity
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

Vaccine/Titre Type	Date yyyy/mm/dd	Result
MMR Vaccine (Measles / Mumps / Rubella)	1.	
	2.	
Red Measles only Vaccine		
Red Measles Titre		
Mumps Titre		
Rubella Titre		

CITY-WIDE HEALTH SCREEN FORM FOR ALL MEDICAL STAFF

(MUST Provide Proof)

Immunization	Requirements	Vaccine Type	Date of Vaccine	Titre	
				Date	Result
Varicella (Chicken pox)	Written history (Hx) of Chicken Pox? <input type="checkbox"/> Yes <input type="checkbox"/> No Require vaccine or titre if no written Hx	Varicella	1.		
			2.		
Hepatitis B Vaccination	Strongly recommend vaccine if risk of exposure to blood/body fluids	Hepatitis B	1.		
			2.		
			3.		
Tetanus- Containing Vaccinations:	Recommend vaccine every 10 years. Recommend an adult one-time dose of Tdap (Adacel). If providing care to pregnant women and/or children, Tdap should be given ASAP; otherwise, can wait until next Td is due	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 Flu	Recommend October 1 – March 31	Type:	Most recent:		

<p style="text-align: center;">2 Step TB Skin Test History</p> <p>Date #1: _____</p> <p><input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Date #2: _____</p> <p><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 (see link) Health Review form</p>
	<p>Date of Test: _____</p> <p>Induration (mm): Endemic Travel Hx <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Positive results have been previously investigated? (If yes attach consult note) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of X-ray (Must be within past year; attach proof): _____</p> <p>Treatment for TB infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Treatment: _____</p>
<p>Further TB Skin Test (1 is required within the past 12 months)</p> <p>Date: _____</p> <p><input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	

CITY-WIDE HEALTH SCREEN FORM FOR ALL MEDICAL STAFF

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.
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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) of your PRIMARY affiliation. You will be contacted if additional information or if testing is required. If you require assistance in arranging for tests and/or vaccines, please contact OHSS who will arrange an appointment for you at one of London hospital's OHSS departments.

Residents, Visiting Electives, and Clinical Fellows and Professional Staff with Primary Affiliation at LHSC

Clinical Fellows & Professional Staff with Primary Affiliation at St. Joseph's

London Health Sciences Centre South Street Annex Occupational Health and Safety Services 373 Hill Street, London, ON N6A 4G5 519-685-8500, ext. 76608 Fax: 519-667-6753 Email: OHSSAppointmentsSSH@lhsc.on.ca	St. Joseph's Health Care London St. Joseph's Hospital Occupational Health and Services 268 Grosvenor Street, London, ON N6A 4V2 519-646-6100, ext. 65842 Fax: 519-646-6235
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For Occupational Health Use Only

Reviewed by: _____ (OHN) Date: _____
 Notification to Medical Affairs: Yes or No