ST JOSEPH'S HEALTH CARE LONDON

HEALTH REVIEW FORM

☐ Paid Staff ☐ Volunteer* ☐ Co-op Student* ☐ Student ☐ Sponsored Student
(*refer to Volunteer *Welcome* document)

☐St. Joseph's ☐Mt. Hope ☐Parkwood Institute Main Building ☐Parkwood Institute Mental Health Care ☐Southwest Centre

Information obtained is strictly confidential, and shall not be released to any source internally or externally without written consent of the employee named herein.

First Name:	Middle Name:	Last Name:
Address:		
Telephone Number:	Date of Birth (dd/mm/yyyy):	Country of Birth (only Volunteers/Students to complete):
Department/Unit:	Position:	
Family Physician:	Start Date (dd/mm/yyyy):	
Emergency Contact person:	Emergency Contact Home #	Emergency Contact Business/Cell#

Do you have any food/drug allergies or any emergent medical conditions (eg, asthma, epilepsy, diabetes, heart condition) that you feel Occupational Health should be aware of? ☐ Yes ☐ No

Do you have a disability that requires an accommodation? ☐ Yes ☐ No
(if yes, provide details) _____

Immunization	Requirements
Red Measles	Require proof of 2 Red Measles-containing vaccines OR lab results indicating immunity
Mumps	Require proof of 2 Mumps-containing vaccines OR lab results indicating immunity
Rubella	Require proof of 1 Rubella-containing vaccine OR 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		

Immunization	Requirements	Vaccine Type	Date of Vaccine	Titre Date	Titre Result
Varicella (Chicken pox)	Require proof of 2 doses of Varicella vaccine at least 4 weeks apart OR laboratory evidence of immunity or laboratory confirmation of disease	Varicella	1. 2.		
Hepatitis B Vaccination	Strongly recommend vaccine if at risk of exposure to blood/body fluids	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:		
Seasonal Influenza	Recommend October 1 – March 31. See Staff/Physician Influenza Vaccination Policy	Type:	Most recent:		

2 Step TB Skin Test History
Date #1: _____ ☐ Negative ☐ Positive Date #2: _____ ☐ Negative ☐ Positive
Most recent TB Skin Test Date: _____ ☐ Negative ☐ Positive

If TB Skin Test positive in the past:		
Date of Test:		
Induration (mm):	Endemic Travel Hx	☐ Yes ☐ No
Positive results have been previously investigated? (If yes attach consult note)		☐ Yes ☐ No
Date of X-ray (Must be within past year; attach proof):		
Treatment for TB infection?	☐ Yes ☐ No	
Date of Treatment:		

Have you been fit-tested within the last 2 years to wear an N95 respirator?	☐ Yes ☐ No If Yes, attach proof.