

HEALTH REVIEW FORM

VOLUNTEER
 CO-OP STUDENT
 POST SECONDARY STUDENT
 SPONSORED STUDENT

Proof of immunization is required and includes any of the following: Vaccination records from yellow immunization cards, Immigration records, notes from a physician's office, copies of laboratory reports (titre levels), health unit records and/or other hospital electronic immunization records.

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS				
PRIMARY PHONE #: (May be home or cell #)			EMAIL (OPTIONAL)	
COUNTRY OF BIRTH			DATE OF BIRTH (mm/dd/yyyy)	
FAMILY PHYSICIAN		EMERGENCY CONTACT PERSON		EMERGENCY CONTACT #
FACILITY WHERE YOU WILL BE VOLUNTEERING (Please check all that apply) <input type="checkbox"/> St. Joseph's Hospital <input type="checkbox"/> Mt. Hope <input type="checkbox"/> Parkwood Institute Main Building <input type="checkbox"/> Parkwood Institute Mental Health Care <input type="checkbox"/> Southwest Centre				

All St. Joseph's Staff and affiliates require a 2 step TB Skin test (TST). The 2 step TB skin test is given 1- 52 weeks apart from the first single TST. A TB skin test may be given on the same day as a live vaccine, but otherwise may not be administered until at least 4 weeks have elapsed.

1st step:	Date Administered:	Date read:	Result (+ or -)	Induration (mm)
2nd step:	Date Administered:	Date read:	Result (+ or -)	Induration (mm)
If 2-Step TB test was completed more than 6 months ago, a 1-Step TB test must be completed.				
1st step:	Date Administered:	Date read:	Result (+ or -)	Induration (mm)
If 1st or 2nd test is POSITIVE (i.e. greater than 10mm induration): Chest x-ray is required to be completed, post-positive test.				
X-ray:	Date:	Result:		
Did you receive treatment for TB <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Treatment:		
Endemic Travel History		<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		

Immunizations (MMR/VZV):

Measles Mumps and Rubella Vaccination (MMR) – Proof of 2 doses on or after your first birthday at least 4 weeks apart , or Laboratory evidence (blood work) of immunity	Date of blood test:	Result:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Date 1 st MMR:	Date 2 nd MMR:	
Varicella/Chickenpox (VZV) – Proof of 2 doses at least 4 weeks apart, or Laboratory evidence (blood work)	Date of blood test:	Result:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Date 1 st VZV:	Date 2 nd VZV:	
Influenza (Highly recommended each year)	Date of most recent vaccine:		

