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 # (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)

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

TUBERCULOSIS (TB):

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.*

Step 1:	Date Administered:	Date read:	Result (+ or -)	Induration (mm)
Step 2:	Date Administered:	Date read:	Result (+ or -)	Induration (mm)
If 2-Step TB test was completed more than 12 months ago, a 1-Step TB test must be completed.				
Step 1:	Date Administered:	Date read:	Result (+ or -)	Induration (mm)

If first (1st) or second (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?	☐ Yes ☐ No	Date of Treatment:	
Endemic Travel History	☐ Yes ☐ No Please explain:		

Immunizations:

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: ☐ Immune ☐ Not Immune	
	Date 1st MMR:	Date 2nd MMR:	
Varicella/Chickenpox (VZV) – Proof of 2 doses at least 4 weeks apart, or Laboratory evidence (blood work).	Date of blood test:	Result: ☐ Immune ☐ Not Immune	
	Date 1st VZV:	Date 2nd VZV:	
Hepatitis B: *Not Mandatory for Volunteers* Confirmatory titre test result if available.	Received vaccine? ☐ Yes ☐ No	Date of titre test: ☐ Immune ☐ Not Immune ☐ Not tested	
Influenza (Highly recommended each year)	Date of most recent vaccine:		
COVID-19 Vaccination: Must be fully vaccinated and provide proof of two doses received. Second dose must be received 14 days or more prior to hire/start.	Type:	Date of 1st Dose	Date of 2nd Dose

Do you have any food/drug allergies or any emergent medical conditions (e.g., asthma, epilepsy, diabetes, heart condition) that you feel Occupational Health should be aware of?

☐ No ☐ Yes. If yes, provide details: _____

_____

Do you have a disability that requires an accommodation?

☐ No ☐ Yes. If yes, provide details: _____

_____

PLEASE NOTE:
It is not permitted to have relatives complete and sign this record.
If form is being completed by the Physician, Physician contact information and signature required.

Physician name (print): _____

Physician signature: _____

Date: _____

Address: _____

Phone #: _____

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

For Volunteer

I,_____, agree to
PRINT NAME

☐ Release the above information to Occupational Health and Safety at St Joseph's Health Care London.

☐ Provide proof of COVID-19 vaccine.

Volunteer name (please print): _____

Volunteer signature: _____

Date: _____

Volunteers/Co-op Students/Sponsored Students:
Completed, signed forms to be sent to: OHSS@sjhc.london.on.ca or fax to 519-646-6235.

Post-Secondary Students:
Completed, signed forms to be sent to your educational institution

--- INCOMPLETE FORMS WILL BE SENT BACK TO YOU AND WILL DELAY YOUR START DATE. ---