CITY-WIDE HEALTH SCREEN
FOR PROFESSIONAL STAFF/RESIDENTS/CLINICAL FELLOWS

Anticipated Start Date of Clinical Placement (YYYY/MM/DD):			
Anticipated End Date of Clinical Placement (YYYY/MM/DD):			
Last Name:		**First Name:**	
Gender:	**Date of Birth (YYYY/MM/DD):**	**Primary Care Provider/Physician:**	
CPSO #:	**Phone:**	**Email:**	
Emergency Contact Person:		**Contact's Phone:**	
Primary Hospital Affiliation: ☐ **LHSC** ☐ **St. Joseph's**			
Department:		**Division:**	
Role: ☐ **Professional Staff** ☐ **Resident** ☐ **Clinical Fellow**			
Past LHSC Record: ☐ **Yes** ☐ **No**	**Past St. Joseph's Record:** ☐ **Yes** ☐ **No**		

A Health Screen is an integral part of your hospital appointment and **must** be completed prior to your start date. The required/recommended immunizations or proof of immunity and TB testing should be submitted in **English** and in **Pdf** format. This information may be obtained at your family physician/primary care office, local health unit, or community clinic, or government immunization portal.

Professional staff/residents/clinical fellows 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 Occupational Health & Safety Services (OHSS) can provide advice with respect to recommended safe work practices.

Return this completed form with **PROOF** of immunizations/immunity to OHSS of your **PRIMARY** affiliation at least **7 business days prior to your start date.** OHSS will contact you if any requirements are outstanding.

Professional staff/residents/clinical fellow who decline vaccinations 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**.**

For further information and answers to common questions, please go to the link:
https://www.sjhc.london.on.ca/medical-affairs/resources/health-review

Residents, Clinical Fellows and Professional Staff with Primary Affiliation at LHSC	**Clinical Fellows and Professional Staff with Primary Affiliation at St. Joseph's**
London Health Sciences Centre Victoria Hospital Occupational Health and Safety Services, Rm E1-505 800 Commissioners Road East London, ON N6A 5W9 519-685-8500 ext. 52286 **Fax: 519-685-8374** **Email:** OHSS-medicalaffairs@lhsc.on.ca	St. Joseph's Health Care London Occupational Health and Safety Services P.O. Box 5777, Stn B London, ON N6A 4V2 519-646-6100, ext. 64332 **Fax: 519-646-6235** **Email:** ohsshealthreviews@sjhc.london.on.ca

REQUIRED VACCINATIONS

All Medical Affairs professional staff, residents, clinical fellows and visiting electives must provide proof of the following minimum requirements:
2 Varicella vaccinations or proof of immunity
2 Measles, Mumps and Rubella vaccinations or proof of immunity
2 COVID 19 vaccinations with QR code proof of immunization * A 3rd dose is required if working at St. Joseph's Mount Hope Site
Seasonal/annual Influenza vaccine

Varicella (Chicken Pox)
2 doses of varicella vaccine are required given at least 4 weeks apart, or a copy of blood work demonstrating immunity. A self-reported history of chicken pox or shingles is not sufficient to demonstrate immunity.

Measles, Mumps, Rubella (MMR)
2 doses of the MMR vaccine are required on or after the 1st birthday and at least 4 weeks apart, or 2 doses of measles and mumps vaccine plus 1 dose of a rubella vaccine if provided separately, or copy of blood work demonstrating immunity.

COVID-19
2 doses of **Health Canada approved** COVID-19 vaccination are required. **A 3rd dose/booster is required for those providing care at St Joseph's Mount Hope site,** and for all other sites a 3rd dose/booster is recommended. Proof of COVID 19 vaccination must be government certified and include a **QR code**.

Influenza (flu)
Seasonal/annual influenza vaccination, or completion of an Attestation Form is required. LHSC and St. Joseph's offer onsite influenza vaccination during fall and winter seasons.

RECOMMENDED VACCINATIONS

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 evidence of immunity.

Tetanus/Diphtheria/Pertussis (Tdap)
A one-time dose of Tetanus/Diphtheria and Acellular Pertussis booster is recommended regardless of the date of your last Tetanus/Diphtheria vaccination. Those who are providing care to pregnant women and/or children should receive a Tdap as soon as possible.

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.

Meningitis:
Vaccination for meningitis may be recommended if working in a microbiology laboratory where routine exposure to preparations of cultures of *N. meningitidis* are likely.

TUBERCULOSIS (TB) SURVEILLANCE

2 step TB Skin Test

A baseline two-step TB skin test is required, **unless the employee has had a previous positive skin test.**
If a two-step TB skin test was administered over 12 months ago, then proof of an additional one-step TB skin test (annual) administered in the last 12 months is needed as well.
A history of BCG vaccination is not a contraindication to a TB skin test, and does not preclude the requirement for TB skin testing.
An Interferon Gamma Release Assay (IGRA) or QuantiFERON-TB Gold is not a substitute for a TB skin test for occupational health surveillance purposes reflective of the Ontario Hospital Association (OHA) Guidelines.

Important information about TB Skin Test administration and reading requirements
To be considered valid, a TB skin test must be read 48-72 hours after being planted indicating the level of induration, and be administered and read by a trained health care professional.
A TB skin test can be administered on the same day as a live vaccine (measles, mumps, rubella, varicella, or herpes zoster), but otherwise cannot be administered until 4 weeks after.

Positive TB skin Test
A TB Skin Test is considered positive if the level of induration (firm swelling) is **≥ 10 mm.**

Note: A TB skin test will be considered positive if the level of induration is ≥5mm in the following circumstances: HIV infection, contact with infectious TB in the past 2 years, hx of fibronodular disease on chest X-ray, organ transplant, current treatment with TNF alpha inhibitors or immunosuppressive drugs (equivalent to 15 mg/day of Prednisone for 1 month or more), or End stage renal disease.

A **chest X-ray** and associated report is required and must be completed **after** the documented date of a positive TB skin test.

N95 FIT TESTING

Fit testing is required every 2 years for all health care workers who wear an N95 particulate respirator as part of their job duties, as directed by Ontario Health.

Have you been fit-tested within the last 2 years for an N95 respirator?

☐ Yes (Attach Fit Test Record)

☐ No→ **Fit-Testing at LHSC and St. Joseph's:**

Registration for an N95 fit-test is done through your ME (MyEducation) account. To access your ME account, you will require your Corporate ID, which will be emailed to you prior to your hospital start date.

PERTINENT HEALTH INFORMATION

Do you have any allergies or health conditions that you feel Occupational Health & Safety Services should be aware of? ☐ Yes → If **Yes**, provide details below ☐ No

Do you have limitations/restrictions, or a disability that requires an accommodation in the workplace?
☐ Yes → If **Yes**, provide details below ☐ No

IMMUNIZATION HISTORY

Please complete the following immunization/history section. **Proof of immunization/immunity** is required and may include the following documentation: official public health vaccine record, documentation from your primary care provider/physician, immunization history from previous employer or educational institution (must be signed by a physician/nurse), and laboratory reports. Please provide supporting documents in **English** and in **Pdf** format.

REQUIRED VACCINATIONS/PROOF OF IMMUNITY

Varicella Vaccination/Evidence of Immunity (If full series provided, evidence of immunity not required)

	Date	Result	Immune Y/N
Varicella 1			
Varicella 2			
Varicella Serology			

Measles, Mumps, Rubella (MMR)Vaccination/Evidence of Immunity
(If full series provided, evidence of immunity not required)

	Date	Result	Immune Y/N
MMR 1			
MMR 2			
Measles Serology			
Mumps Serology			
Rubella Serology			

☐ Measles, Mumps and Rubella administered separately (attach document with dates)

COVID-19 Vaccination:

	Date	Vaccine Brand
COVID 19 #1		
COVID 19 #2		
COVID 19 #3 (most recent) Required for Mount Hope and recommended for all other sites		

Influenza Vaccination

Influenza	Date	☐Declining vaccination/attestation form attached
Current/most recent season		

RECOMMENDED VACCINATIONS

Hepatitis B Vaccination/Evidence of Immunity

Hepatitis B Vaccine	Date	Result	Immune Y/N
1st Hep B			
2nd Hep B			
3rd Hep B			
Booster (if applicable)			
Hep B Antibody Titre (HBsAb)			

Tetanus, Diphtheria, Acellular Pertussis (Tdap)Vaccination

	Date
Tdap	
Most recent Td (optional)	

Meningitis Vaccine (specific laboratory and pathology roles only)

	Date
Men-C-ACYW-135	
4CMenB	

TUBERCULOSIS (TB) SURVEILLANCE

TB skin Test

** Refer to Instructions on pages 3. A positive TB skin test is > 10 mm of induration**

Repeat TB Skin test is not required if positive in the past

Test	Date Planted	Date Read	Result +/-	Level of Induration (mm)
1st step				
2nd Step				
Annual * (If required; see page 3)				
Previous Positive TB Skin Test				

Chest XRAY

Required if TB Skin Test is Positive *Only 1 required after date of positive test*

Date	**Result (attach report)**

Positive TB Skin TST or history of positive TB Skin Test/Active Infection:

LHSC	**St Joseph's**
Please complete the: **TB Questionnaire** **and** **LHSC Medical Affairs Tuberculosis Education Agreement** found at: Medical Affairs Health Screen Forms	**Answer the following additional Questions:** 1. Have you consulted with a medical practitioner or Infectious Diseases Specialist about your positive TB Skin test? ☐ Yes → Attach documentation if available ☐ No 2. Have you travelled to endemic areas? ☐ Yes ☐ No

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: _____