

## IMMUNIZATION & COMMUNICABLE DISEASE RECORD

To be COMPLETED for all HEALTH CARE WORKERS (see definition on reverse).  
Compliance with the Shared Health Immunization Policy is a condition of employment.

**Name:** (PLEASE PRINT) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### REQUIRED IMMUNIZATIONS/TESTING – READ INFORMATION ON REVERSE

<b>1. MEASLES ⇨</b>  (Red Measles / Rubeola)  (Required: 2 doses as a child or adult)	<b>Measles Titre    OR    Measles Vaccine</b>  <b>Result:</b> _____ <b>Date: #1</b> _____  <b>Date:</b> _____ <b>Date: #2</b> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 5px;">MMR Vaccine</th> </tr> <tr> <td style="padding: 5px;">Dose #1 MMR</td> </tr> <tr> <td style="padding: 5px;">Date: _____</td> </tr> <tr> <td style="padding: 5px;">Dose #2 MMR</td> </tr> <tr> <td style="padding: 5px;">Date: _____</td> </tr> </table>	MMR Vaccine	Dose #1 MMR	Date: _____	Dose #2 MMR	Date: _____
MMR Vaccine							
Dose #1 MMR							
Date: _____							
Dose #2 MMR							
Date: _____							
<b>2. MUMPS ⇨</b>  (Required: 2 doses as a child or adult)	<b>Mumps Titre    OR    Mumps Vaccine</b>  <b>Result:</b> _____ <b>Date: #1</b> _____  <b>Date:</b> _____ <b>Date: #2</b> _____						
<b>3. RUBELLA ⇨</b>  (German Measles)  (Required: 1 dose as a child or adult)	<b>Rubella Titre    OR    Rubella Vaccine</b>  <b>Result:</b> _____ <b>Date:</b> _____  <b>Date:</b> _____						

<b>4. CHICKENPOX</b> Evidence of immunity required as listed below. If not immune, requires 2 doses of vaccine	<b>Chickenpox History:</b> (scars, remembers, age) _____  <b>Chickenpox Titre Result:</b> _____ <b>Date of Titre:</b> _____  <b>Vaccine Date: Dose #1</b> _____ <b>Vaccine Date: Dose #2</b> _____
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<b>5. HEPATITIS B</b> Required: recognized immunization schedule and a positive antiHBS titre;  If negative antiHBS titre: give booster and check titres. Still negative, complete second 3 dose series.	<b>Dose 1</b> _____ <b>Dose 2</b> _____ <b>Dose 3</b> _____  <b>HB Titre Result (anti HBS):</b> _____ <b>Date of Titre:</b> _____  <b>Dose 4</b> _____ <b>Dose 5</b> _____ <b>Dose 6</b> _____  <b>HB Titre Result (anti HBS):</b> _____ <b>Date of Titre:</b> _____
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<b>6. Tdap</b> see info on back	<b>Date:</b> _____
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<b>7. TUBERCULOSIS</b>  (Required: 2 step TST) (# 2 TST to be done 7 to 28 days from #1 TST)  Measure induration, not redness at test site. Record in millimeters	<b>BCG VACCINE    Date of vaccine:</b> _____  <b>Scar Present: No:</b> <input type="checkbox"/> <b>Yes:</b> <input type="checkbox"/> <b>Left</b> <input type="checkbox"/> <b>Right</b> <input type="checkbox"/> <b>Site:</b> _____						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <b>Tuberculin Skin Test (TST)    2 STEP TST DATES:</b>            Ideally should not be given within 4 weeks of MMR or Varicella vaccine see note below.         </td> <td style="width: 40%; padding: 5px;"> <b>MOST RECENT TST:</b>            (A TST is required within 1 year for new health care workers)         </td> </tr> <tr> <td style="padding: 5px;"> <b>#1 Date:</b> _____ <b>Result:</b> _____ mm         </td> <td style="padding: 5px;"> <b>Date:</b> _____         </td> </tr> <tr> <td style="padding: 5px;"> <b>#2 Date:</b> _____ <b>Result:</b> _____ mm         </td> <td style="padding: 5px;"> <b>Result:</b> _____ mm         </td> </tr> </table>	<b>Tuberculin Skin Test (TST)    2 STEP TST DATES:</b> Ideally should not be given within 4 weeks of MMR or Varicella vaccine see note below.	<b>MOST RECENT TST:</b> (A TST is required within 1 year for new health care workers)	<b>#1 Date:</b> _____ <b>Result:</b> _____ mm	<b>Date:</b> _____	<b>#2 Date:</b> _____ <b>Result:</b> _____ mm	<b>Result:</b> _____ mm
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<b>#1 Date:</b> _____ <b>Result:</b> _____ mm	<b>Date:</b> _____						
<b>#2 Date:</b> _____ <b>Result:</b> _____ mm	<b>Result:</b> _____ mm						

Chest x-ray after the date of the TST is required if TST is positive >=10 mm. Additional chest radiographs are only required if the employee is symptomatic at assessment.	<b>CHEST X-RAY</b> Include copy of CXR with completed record if it was required for positive TST. <b>No:</b> <input type="checkbox"/> <b>Yes:</b> <input type="checkbox"/> <b>Date:</b> _____ <b>Result:</b> _____  <b>Referred for follow-up?</b> <b>No:</b> <input type="checkbox"/> <b>Yes:</b> <input type="checkbox"/> <b>To Whom:</b> _____  <b>Include documentation of referral follow-up.</b>
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**Signature of Physician/Nurse:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

## PLEASE READ

### Health Care Worker (HCW):

A person who is employed by, or under a service agreement/contract with Shared Health, in a full time, part time, or casual position and that provides health services directly to patients, clients and residents. Health services include those functions that bring the health care worker in direct physical contact with patients or materials associated with patient care. HCW also includes students in clinical practice who provide health services directly to patients/clients/residents in healthcare practice settings within Shared Health.

### Immunizations:

Immunizations or records that are required for health care workers can be obtained from: **1)** family physician; **2)** primary care or access center in your area; **3)** rural Provincial Public Health Unit; or **4)** Travel Health Clinic; **5)** Education Admission Record.

### **REQUIRED EVIDENCE OF IMMUNITY**

**Records are to be provided at Documentation appointment in Occupational and Environmental Safety & Health (OESH)**

#### **1. Measles (Rubeola or Red Measles)**

Immunity against measles may be 1) documented immunization or; 2) lab-confirmed immunity (titre). Immunity against red measles (rubeola) requires **two doses** of red measles-containing vaccine, usually supplied as MMR II vaccine after the first birthday.

#### **2. Mumps**

Immunity against mumps may be 1) documented immunization or; 2) lab-confirmed immunity (titre); Immunity against mumps requires **two doses** of mumps-containing vaccine or MMR II after the first birthday.

#### **3. Rubella (German measles)**

Immunity against rubella may be 1) documented immunization or; 2) lab-confirmed immunity (titre); Immunity against German measles (rubella) requires **one dose** of rubella-containing vaccine or MMR II.

#### **4. Chickenpox (Varicella) History/Test Documentation of immunity required for employment.**

**Currently employed or who have been employed in another Canadian healthcare setting:** Convincing self-reported history or diagnosis of varicella or herpes zoster by a health care provider if the disease occurred before 2004, documented evidence of immunization with two doses of a varicella-containing vaccine or previous laboratory evidence of varicella immunity. **Newly hired into the Canadian healthcare system.** Documented evidence of immunization with two doses of a varicella-containing vaccine; or previous laboratory evidence of varicella immunity.

#### **5. Hepatitis B**

Required for all health care workers who may be exposed to blood or body fluids or who may be at increased risk of a needlestick/sharps injury, bites or spills/splashes. Immunity against Hepatitis B may be: 1) documented series of 3 doses of vaccine given over a six-month period, two dose properly timed adolescent regime time 0 and 4-6 months or other accepted regimes (<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html>) and 2) lab-confirmed immunity (titre). Titre should be done approximately one month after the last dose of vaccine. If no antibodies, give a dose of Hepatitis B booster, check titres, if positive – no further doses. If negative, then complete a second 3 dose series check titers one month after completing the series.

#### **6. Tdap**

All health care and child care workers, regardless of age, should receive a single dose of Tdap vaccine for pertussis protection if this vaccine was not previously administered in adulthood, even if the person is not due for a tetanus and diphtheria booster. Td recommended every 10 years after adult dose of Tdap.

#### **7. Tuberculosis**

History and date of BCG vaccine and/or evidence of a BCG scar should be documented.

TST **should not** be given to those: 1) who have received measles or other live virus immunization within the past 4 weeks, as this has been shown to increase the likelihood of false-negative TST results. However, if the opportunity to perform the TST might be missed, the TST should not be delayed for live virus vaccines. (NOTE that a TST may be administered before or even on the same day as the other immunizations but at a different site.). 2) With positive, severe blistering TST reactions in the past or with extensive burns or eczema present over TST testing sites, 3) With documented active TB or a well-documented history of adequate treatment for TB infection or disease in the past. 4. with current major viral infections. A two-step tuberculin skin test (TST) is required once in a life-time, with results recorded. Results are to be recorded in millimeters of induration. A TST update is required if no TST has been done in the last 12 months. A PA chest x-ray is required if TST is 10 mm or greater, as well as an assessment re latent TB.

**References:** 1. Canadian Immunization Guide: Part 4- Active Vaccines <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines.html> Accessed November 5, 2018 2. CTS Canadian Tuberculosis Guidelines 7<sup>th</sup> Ed. 2014