Required Records



TB Testing and Immunization requirements - All employees, volunteers, students, and observers must comply with the requirements set out in the Public Hospital Act Regulation 965, Ontario Hospital Association/Ontario Medical Association protocols, and the Toronto Public Health Guidelines. Please note that compliance with being vaccinated for the conditions below is a condition of employment.

Personal Information	□ Staff □ Volunteer □ Physician □ Other			
Name				Date of Birth : MM/DD/YY
Telephone #	Last Name/First Name	Last Name/First Name Email:		
·	 	Lina	.He	
Manager/Coordinator				
TB Skin Test	Date Administered	Results Date Reading (Positive/Negative) / Induration mm		
TB skin test - Step I (Mantoux, PPD)			Reading: Ir	nduration: mm
TB skin test - Step II (Mantoux, PPD)			Reading: Ir	nduration: mm
TB skin test (if 2-Step older than 1 year)			Reading: In	nduration: mm
Chest X-Ray (if applicable) *attach copy of report*	Date:	□ Normal □ /	Abnormal Notes:	
Vaccination	Required doses	doses *Date of vaccination must be indicated *		
Varicella/Zoster (Chickenpox)	2 immunizations	1.	2.	3. (booster, if applicable)
MMR (Measles, Mumps, Rubella)	2 immunizations	1.	2.	3. (booster, if applicable)
Hepatitis B Vaccine series	3 immunization	1.	2.	3.
COVID-19 Vaccine	2 immunizations	1.	2.	3. (booster, if applicable)
☐ Tetanus/Diphtheria☐ Tdap (Tetanus/Diphtheria/Pertussis)	1 immunization every 10 years	Date of last dose	Influenza Vaccine (during Flu season)	Date of last dose
** If Vaccination records unavailable, please provide blood work that indicates immunization status ** Please attach the lab report as verification				
Immune Status	Date of Titers	Results		
Varicella/Zoster		□ Immune	□ Non-Immune	□ Indeterminate
Measles		□ Immune	□ Non-Immune	□ Indeterminate
Mumps		□ Immune	□ Non-Immune	□ Indeterminate
Rubella		□ Immune	□ Non-Immune	□ Indeterminate
Hepatitis B		□ Immune	□ Non-Immune	□ Indeterminate
Health Care Practitioner Must be completed and signed by a Physician or Registered Nurse along with their designation and contact information or the form will not be accepted.				
Name & Designation	an or Registered indise aid	ang with their designation of	Phone Numbe	
Mailing Address				
Signature	Date:			

Completed Form can be faxed to the CAMH Health, Safety & Wellness Office at **416-583-1309** Or, emailed to Health.andSafety@camh.ca . To book appointment call 416-535-8501 ext. 32546 or email Health.andSafety@camh.ca Required Records – TB Testing and Immunization requirements

1. TB Skin Testing (Date of test and reading must be indicated)

The tuberculosis skin test (Mantoux, PPD) is a test used to determine if someone has developed an immune response to the bacterium that causes tuberculosis (TB). Testing is required despite having a past history of vaccination for Tuberculosis (BCG Vaccine). CAMH requires a 2 Step TB Skin Test. This means 2-TB skin tests, 7 to 21 days apart which usually require 4 visits to your health care provider.

Visit 1 – the first TB skin test is administered - Visit 2 – read within 48 to 72 hours
Visit 3 – the second TB skin test is administered - Visit 4 – read within 48 to 72 hours

- If your TB Skin Testing is older than one year, a follow up TB Skin Test will be required
- o If you test positive on 1st TB skin test, a 2nd TB skin test is not required
- o If you test positive for the TB skin test or <u>you know you will test positive</u> **you must provide a copy of a recent chest X-Ray Report** (within the past 5 years)
 - o If you have had contact with an individual with active tuberculosis, or have travelled to a region where tuberculosis is endemic, a chest x-ray within the past year must be provided

2. Immunity Screening:

You must meet the requirements for Measles, Mumps, Rubella (German measles), Varicella/zoster (Chicken pox) and Hepatitis B. As well, you must provide date of last t Tetanus/Diphtheria/Pertussis vaccine.

Immunization Clearance Criteria

Varicella/Zoster (Chicken Pox).

- Proof of 2 immunization is required. OR blood work that indicates immunization status Measles/Mumps/Rubella (MMR) (German measles).
 - Proof of 2 immunization is required. OR blood work that indicates immunization status
 - Lab report must indicate immunity measles for clearance

Hepatitis B:

- Proof of 3 immunization series OR blood work that indicates immunization status.
- If you are working in a CL2 (or above) Laboratory (e.g. working with bodily fluids), laboratory confirmation of immunity is required for full clearance

Tetanus/Diphtheria/Pertussis vaccine. Date of last vaccine is required.

COVID-19

- Mandatory vaccination for COVID-19
- Date of First Dose and Second Dose
- Any valid medical or religious exemptions must be reviewed and approved prior to start date

Annual Influenza Vaccine (Optional)

You may already have this information available on an immunization card or vaccination record. You may be able to obtain this information by contacting the Public Health Department where you grew up. You may also complete blood work that will indicate your immunization status.

Mandatory Health Assessment

New employees must also complete Health Questionnaire. Please see link below.

Health Questionnaire:

This will determine your fitness for work, or if any accommodation(s) will be required. Please click on this link:

https://camh.maspcl2.medgate.com/gx2/medicalpublicgrh/login.rails?gcode=

- Select (PPAOH) Health Assessment Occupational History

To schedule your Mandatory Health Assessment

To book appointment call 416-535-8501 ext. 32546 or email Health.andSafety@camh.ca. Please indicate if you would prefer the Queen Street site or College street site.

- Queen Street site hours, 100 Stokes, 5th floor, room 5350: Monday to Friday 8am to 4pm
- College Street site hour 250 College Street: Monday 8am to 12pm & Thursday 1pm to 4pm

Employees in Regional Offices (E.g. Ottawa, Sudbury offices) -

You have the option of having your Physician provide us with the required immunization records (Records Requested form attached), or complete the Health Assessment here at CAMH. Please obtain a receipt from your physician and present this to your manager for reimbursement.

Failure to complete these requirements within 30 days of hire could result in discipline, or you may be prohibited from working in your area, until these requirements have been met.