

## Immunization Form- Volunteers

Last Name	First Name	Middle Name
Date of Birth (day/month/year)	Cell/Phone #	Email address

### IMMUNIZATION STATUS: Measles, Mumps, Rubella & Varicella

For the following vaccines, Part A or Part B MUST be completed for each vaccine. If volunteer requires a vaccine, please refer to additional information under TB Skin Testing below before proceeding. NOTE: If non-reactive to Measles and/or Rubella, and vaccine is refused, volunteer placement cannot be permitted under the Ontario Public Hospitals Act.

	<b>Part A:</b> <i>2 doses of vaccine ≥ 4 weeks apart</i>			<b>Part B:</b> <i>Laboratory Proof of Immunity</i>		
Vaccine Type	MMR Vaccine #1 Date	MMR Vaccine #2 Date	Other	Date of bloodwork	Result	Results/units
Measles			<input type="checkbox"/> Measles only		<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
Mumps			<input type="checkbox"/> Mumps only		<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
Rubella		Not Required	<input type="checkbox"/> Rubella only		<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	
Varicella	Varicella #1	Varicella #2			<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive	

### TUBERCULOSIS (TB) STATUS: Refer to Decision Tree Below

NOTE #1: Tuberculin Skin Testing (TST) testing MUST BE completed PRIOR TO administering any live vaccines. If live vaccines are administered, the TST CANNOT be started until at least 28 days after live vaccines are administered.

NOTE #2: TST should be started at least 4 weeks prior to volunteer placement at GRH, to allow sufficient time to complete.

**(A) 2-Step TST (requires 4 visits):** See Decision Tree to determine when required. If 1<sup>st</sup> step is positive, a 2<sup>nd</sup> step is NOT required. If 2<sup>nd</sup> step is required, it must be given 1-4 weeks after the 1<sup>st</sup> step in the opposite arm.

1 <sup>st</sup> Step:	Date planted: 0.1 mL/PPD 5 TU	Time:	Site: LFA/RFA	RN initial	Date/Time read:	Induration (mm):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Elsewhere	RN initial
2 <sup>nd</sup> Step:	Date planted: 0.1 mL/PPD 5 TU	Time:	Site: LFA/RFA	RN initial	Date/Time read:	Induration (mm):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Elsewhere <input type="checkbox"/> N/A	RN initial

**(B) 1-Step TST (requires 2 visits):** See Decision Tree to determine when required.

1 <sup>st</sup> Step:	Date planted: 0.1 mL/PPD 5 TU	Time:	Site: LFA/RFA	RN initial	Date/Time read:	Induration (mm):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Elsewhere	RN initial
1 <sup>st</sup> Step:	Date planted: 0.1 mL/PPD 5 TU	Time:	Site: LFA/RFA	RN initial	Date/Time read:	Induration (mm):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Elsewhere <input type="checkbox"/> N/A	RN initial

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### TUBERCULOSIS (TB) STATUS: Refer to Decision Tree Below

(C) **Chest X-Ray:** See Decision Tree to determine when required. Positive skin test must be documented under (A) and/or (B) above. Please provide most recent chest x-ray results.

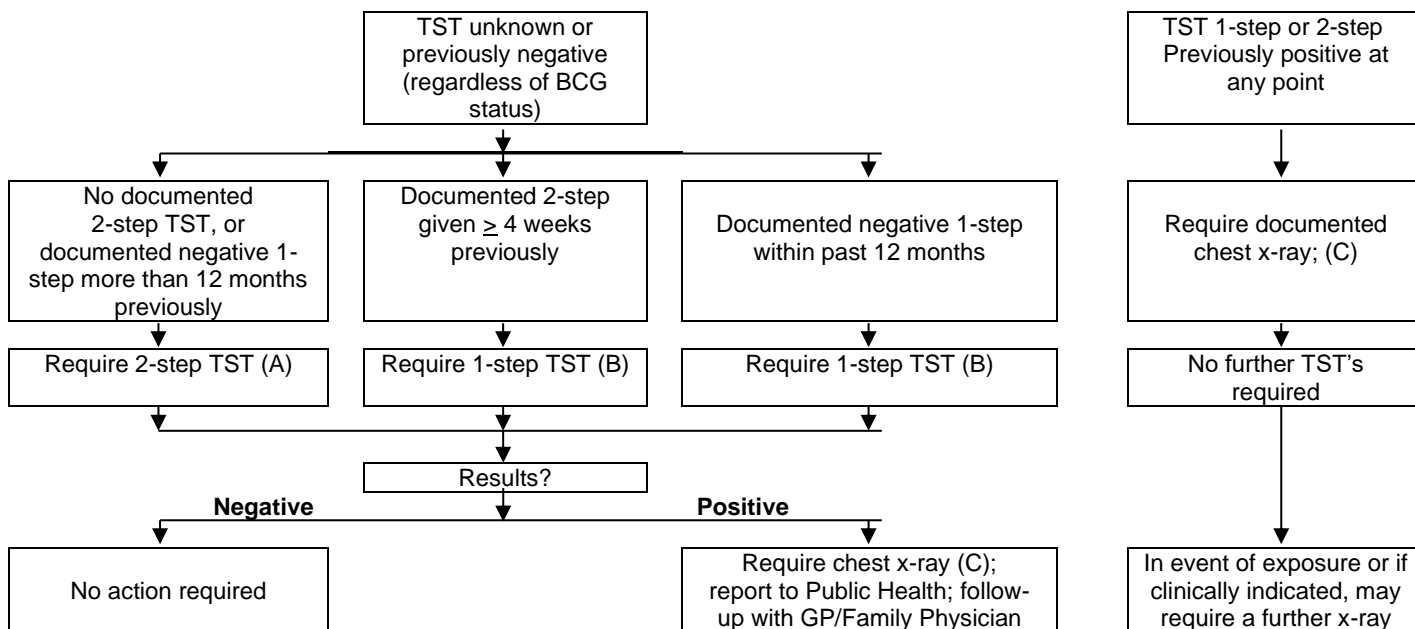
X-ray:	Date:	Result:	<input type="checkbox"/> Elsewhere <input type="checkbox"/> Document submitted <input type="checkbox"/> BCG _____ Birth Country _____ Moved to Canada _____
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### REQUIREMENTS FOR TB SKIN TESTING – TB DECISION TREE:

NOTE #1: Tuberculin Skin Testing (TST) MUST be completed PRIOR TO administering any live vaccines.

NOTE #2: No TST is required if there is a documented 2-step TST within previous 4 weeks.

NOTE #3: If induration is  $\geq 10$  mm, result is positive. If immuno-compromised, proceed with x-ray if induration is between 5 – 9 mm.



Health Professional Signature and Credentials:		Printed Name:	
Fax #:	Telephone #:	Date: (day/month/year)	

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