

## 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 & COVID

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:** Immunity to Measles, Mumps, Rubella and Varicella is **mandatory** under the Ontario Public Hospitals Act. Proof of COVID vaccination is also **mandatory**.

Vaccine Type	Part A: 2 doses of vaccine > 4 weeks apart			Part B: Laboratory Proof of Immunity		
	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	
COVID	Dose #1	Dose #2				

### 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.

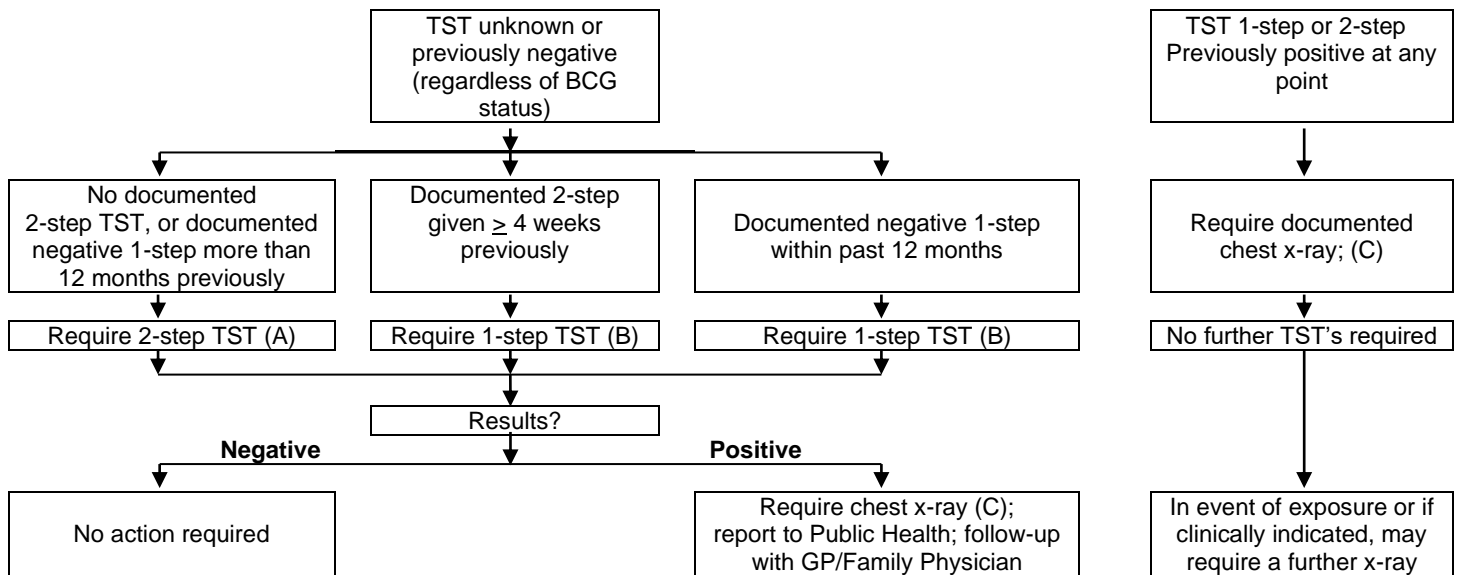
X-ray:	Date:	Result:	<input type="checkbox"/> Elsewhere <input type="checkbox"/> Document submitted <input type="checkbox"/> BCG _____
			Birth Country _____ Moved to Canada _____

### 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)	