Occupational Health and Safety

IMMUNIZATION RECORD/RESPIRATORY FIT FORM

Learner/Instructor

Last Name	First Name

Date of Birth
DD/MM/YYYY

TUBERCULOSIS (TB) STATUS

Tuberculin testing: 2-step required. 2nd step must be given 1-4 weeks after 1st test in opposite arm if 1st test is less than 10mm induration.

1st Step:	Date planted:	Date read:	Induration (mm)
2nd Step	Date planted:	Date read:	Induration (mm)

A 2-step must be documented above. If a 2-step has previously been administered but is more than 4 weeks prior to your start date, one additional TB test is required (1-step TB). If a 1-step has been done in the last 12 months a 1-step is required.

1-step:	Date planted:	Date read:	Induration(mm)
1-step:	Date planted:	Date read:	Induration(mm)
1-step:	Date planted:	Date read:	Induration(mm)

Chest x-ray: Required if learner has a new TST conversion to positive. Or has previously had a positive TST (please provide most recent chest x-ray results).

X-ray:	Date:	Result:

LAB CONFIRMED IMMUNITY/IMMUNIZATION STATUS

Tetanus/Diphtheria/Pertussis (Tdap)	Immunization status is mandatory	☐ Tdap Date: __________
Tetanus/Diphtheria (Td)	Not mandatory	☐ Td Date: __________
Influenza	Highly recommended	Date of last vaccine:

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Measles	Laboratory evidence of immunity (titres)	Measles-Date of lab test:	Result: ☐ Immune ☐ Not Immune
	OR 2 MMR vaccines	Date of 1st MMR:	Date of 2nd MMR
Mumps	Laboratory evidence of immunity (titres)	Mumps-Date of lab test:	Result: ☐ Immune ☐ Not Immune
	OR 2 MMR vaccines	Date of 1st MMR:	Date of 2nd MMR
Rubella	Laboratory evidence of immunity (titres)	Rubella-Date of lab test:	Result: ☐ Immune ☐ Not Immune
	OR 1 MMR vaccine on or after 1st birthday	Date of 1st MMR:	
Varicella	Laboratory evidence of immunity (titres)	Varicella: Date of lab test:	Result: ☐ Immune ☐ Not Immune
	OR History of disease (chicken pox or shingles)	History? ☐ Yes ☐ No	Year (if known):
	OR Varicella vaccine (2 doses required)	Date of 1st dose:	Date of 2nd dose:
Hepatitis B	Laboratory evidence of immunity (antibody titre must be provided if vaccinated)	Date of lab test:	Result: ☐ Immune ☐ Not Immune
	Vaccination not mandatory but highly recommended for those who may have exposure to human blood and body fluids	Received Vaccine? ☐ Yes ☐ No	Dates if known: Hep #1 __________ Hep #2 __________ Hep #3 __________

Ministry of Labour (MOL) worker education completed. (This is mandatory and all Learners must complete this once prior to placement) Date: ________________

N95 Respirator Fit test: Please check one (This is a mandatory requirement done every 2 years)

- □ 3M 1860 reg. Date: _________________
- □ 3M 1860 small Date: _________________
- □ 3M 8110 small Date: _________________
- □ 3M 8210 O/S Date: _________________
- □ 3M 8511 Date: _________________
- □ 3M 9210+ Date: _________________
- □ 3M 9105/9105S Date: _________________

Relatives are not permitted to complete and sign this document. Please retain a copy for your records.
Completed by:
Treating Health Professional _________________________ Signature/Stamp ______________ Date__________
Print name
I _________________ agree to release the above information to Occupational Health and Safety at Royal Victoria
(Learner/Instructor name)
Regional Health Centre.
Learner/Instructor Signature ____Date ______________

The personal information contained on this form is collected in accordance with the Health Protection and Promotion Act, R.S.O. 1990, Chapter H.7 for the purposes of collecting your immunization information in compliance with the S.I.S. Policy. Questions about this collection can be directed to: Manager, Occupational Health 44550

Revised April 2015