Occupational Health and Wellness (OHW)
IMMUNIZATION RECORD/RESPIRATOR FIT FORM
Learner/Instructor

PLEASE PRINT
Last Name: _____ First Name: _____

Alternate 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 was completed more than 12 months 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, or previously had, a positive tuberculin skin test (TST). Please provide a copy of the chest x-ray report completed since medical assessment of tuberculin positive result.

X-ray:	Date:	Result:

LAB-CONFIRMED IMMUNITY/IMMUNIZATION STATUS

Tetanus/Diphtheria/Pertussis (Tdap)	Immunization status is recommended	☐ Tdap	Date:
Tetanus/Diphtheria (Td)	Immunization status is recommended	☐ Td	Date:
Influenza	Immunization status is mandatory	Date of last vaccine:	

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 ☐ Immune ☐ Not Immune
Mumps	Laboratory evidence of immunity (titres)	Mumps: Date of lab test:	Result: ☐ Immune ☐ Not Immune
	OR 2 MMR vaccines given at least 4 weeks apart	Date of 1st MMR:	Date of 2nd MMR ☐ Immune ☐ Not Immune

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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 MMR: ☐ Immune ☐ Not Immune
Varicella	Laboratory evidence of immunity (titres)	Varicella: Date of lab test:	Result: ☐ Immune ☐ Not Immune
	OR Diagnosed/verified 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: ☐ Immune ☐ Not Immune
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.
http://www.labour.gov.on.ca/english/hs/training/ **Date completed:** _____

N95 respirator fit testing is a mandatory requirement to be completed once every two years. Please check which of the following respirators you are fit for (if applicable) and the date of your last fit-test. If none has been done or it is more than two years old, OHW will perform a new fit test on you.

- ☐ 3M 1860 regular size Date: _____
- ☐ 3M 1860 small size Date: _____
- ☐ 3M 8110 small size Date: _____
- ☐ 3M 8210 one size Date: _____
- ☐ 3M 9210+ one size Date: _____

Learner/Instructor (printed name): _____

I hereby authorize my Treating Professional (as below) to release the above information to Occupational Health and Wellness at the Royal Victoria Regional Health Centre.

Learner/Instructor Signature _____ Date _____

This form was completed by (Treating Professional **printed** name): _____

Signature/Stamp _____ Date _____

Relatives are not permitted to complete and sign this document. Please retain a copy for your records. 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 the Manager of Occupational Health and Wellness at extension 42350.