

Communicable Disease Health Screening

Volunteer Spiritual Care Volunteer RMFR Volunteer Co-op student

Last Name: PLEASE PRINT CLEARLY	First Name: PLEASE PRINT CLEARLY
Date of Birth: DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone Number:	Country of Birth:

Dear Doctor:

In accordance with The Scarborough and Rouge Hospital surveillance policy and the Public Hospitals Act we request that you provide us with the following information to ensure your patient meets our immunization and TB requirements for persons carrying on activities in a hospital environment.

Please complete:

TB Skin Test History			
TB Test 2 Step	Step 1: Date Planted:	<input type="checkbox"/> LFA <input type="checkbox"/> RFA	Date Read: Induration: mm Interpretation: POS NEG
	Step 2: Date Planted:	<input type="checkbox"/> LFA <input type="checkbox"/> RFA	Date Read: Induration: mm Interpretation: POS NEG
If TB 2-step record available 1-step TB result required within last 12 months:			
Date Planted:	<input type="checkbox"/> LFA <input type="checkbox"/> RFA	Date Read:	Induration: mm Interpretation: POS NEG
If there is a documented TB (+) result on file, NO TB test is required.			
Please provide: TB Test Result:		Date:	
If TB positive: Required - A copy of the CXR report; CXR should be within 1 year			
Result:		Date:	
Treatment for TB infection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person free from Active TB? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:			

Please see reverse side of page

Please complete the following immunization/history section and provide vaccine history

Titre Type	Date		Result	
			Immune	Non Immune
Measles Titre				
Mumps Titre				
Rubella Titre				
Varicella Titre				
Vaccine				
MMR vaccine	1.	2.		
Varicella Vaccine	1.	2.		
Tdap Vaccine (Adacel/Boostrix)				
Immunization	Requirements			
Measles	Require proof of 2 measles-containing vaccines OR lab results indicating immunity			
Mumps	Require proof of 2 Mumps-containing vaccines or lab results indicating immunity			
Rubella	Require proof of 1 Rubella-containing vaccine OR lab results indicating immunity			
Varicella	Require proof of 2 Varicella-containing Vaccines or lab results indicating immunity			
Pertussis	Require proof of 1 Pertussis-containing vaccine. An adolescent requires routine booster dose. An adult, one additional booster dose			
Hepatitis B	Proof is not required for immunity to Hepatitis B, although it is recommended to follow up with your family doctor for immunization.			

Physician Signature:	Date:
Physician Stamp:	
Please return to: Marsha Grey Scarborough and Rouge Hospital 3 rd Floor – Executive Offices Centenary Site (2867 Ellesmere Rd.) mgrey@tsh.to	