

GENERAL IMMUNIZATION INFORMATION FOR HEALTH CARE WORKERS

Persons in the health care field, who will be giving direct patient care, should have written proof of vaccinations that they have previously received. It is expected that employees will have the right to choose whether or not to receive immunizations. The licensee should develop work policies that accommodate individuals who are not immunized or incompletely immunized.

- TETANUS/DIPHTHERIA (Td):** Recommended for all adults in Canada. A basic adult series (2 injections 2 months apart plus a booster 6-12 months after 2nd dose). Booster doses of Td are recommended every 10 years, or at a minimum once during adult life. Provided free of charge by the Ministry of Health.
- POLIOMYELITIS:** A series of 3 IPV, (2 injections 2 months apart, 3rd dose 12 months after 2nd dose) for persons who may have occupational contact with poliovirus. Provided free of charge by the Ministry of Health.
- MEASLES (or MMR):** For persons born between 1957 – 1970, proof of two live measles vaccinations, documentation of physician diagnosed measles or laboratory evidence of immunity. For persons born prior to 1957, natural immunity is assumed. First dose provided free by the Ministry of Health.
- RUBELLA (or MMR):** One dose of live attenuated vaccine or serological test (ELISA) indicating immunity. The Rubella immune status of female employees of childbearing age should be carefully reviewed, and those without documented immunity should be vaccinated with MMR, unless there are contraindications. First dose provided free by the Ministry of Health.
- HEPATITIS B:** Recommended for HCW's who may be exposed to blood and/or body fluids, or who may be at an increased risk of sharps injury, bites or penetrating injuries. Not provided free by the Ministry of Health.
- INFLUENZA:** Annual influenza vaccine for staff has been shown to reduce the mortality and morbidity of residents in care facilities and to reduce worker illness during the influenza season. Provided free by the Ministry of Health for all workers who have contact with individuals in high risk groups.
- VARICELLA:** Recommended for HCW's that do not have a reliable history of varicella disease or serologic evidence of immunity.

Employee Name: _____

EMPLOYEE IMMUNIZATION RECORD

PART A - To be completed by the employee upon hire.

I have read the "GENERAL IMMUNIZATION INFORMATION FOR HEALTH CARE WORKERS" and to the best of my knowledge my current immunization status is as indicated below. (see over)

Recommended Immunizations: (check one box for each immunization listed)

Immunization	Yes	No	Unknown	Frequency of Booster
• Tetanus & Diphtheria (Td)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- booster doses of Td are recommended every 10 years <i>Date of last booster (if known)-</i> _____
• Poliomyelitis (OPV / IPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- booster doses are not required in Canada
• Measles (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- if 1 st dose of measles vaccine received a 2 nd dose is recommended.
• Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- no booster required (given as one dose or MMR)
• Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- no booster required
• Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- no booster required
• Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- annually <i>Date of last immunization (if known)</i> _____

Medical certificate/record of vaccinations is provided (if available) yes <input type="checkbox"/> no <input type="checkbox"/>
Employee signature: _____ Date: _____

PART B – To be completed by the employer

Employee immunization status for the above recommended immunizations is:
<input type="checkbox"/> Complete (<i>employee has all recommended immunizations</i>) Medical certificate/record is on file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
<input type="checkbox"/> Incomplete <u>If incomplete or unknown immunization status:</u> (<i>check all that apply</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Employee encouraged to obtain missing immunizations. <input type="checkbox"/> Employee has obtained missing immunizations or boosters and provided verification. <input type="checkbox"/> Facility's policy regarding accommodating employees who are not immunized or incompletely immunized was reviewed with this employee. Reviewed by: _____ Date: _____