

NAME:

BADGE #

Varicella (chickenpox) - One of the following is acceptable:

- laboratory evidence of detectable antibody (blood test resulting in a positive titre), or
- documentation of 2 chickenpox vaccines, given at least 4 weeks apart.

Hepatitis B Vaccine is not mandatory but all staff must disclose their immune status, i.e. for those persons who have been immunized, a Hepatitis B Antibody titre (positive or negative result) must be provided. Hepatitis B immunity is highly recommended for all staff that may have any contact with human blood and body fluids.

Tetanus/Diphtheria/Pertussis Documentation of pertussis vaccination status is required. One adult dose in addition to the routine adolescent booster dose is required.

Influenza Vaccine it is expected all staff will have an annual Influenza vaccine in accordance with Hospital for Sick Children's Influenza Policy.

Measles:	Laboratory evidence of immunity (titres)	Measles - Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR 2 MMR vaccines	Date of 1 st MMR:	Date of 2 nd MMR:
Mumps:	Laboratory evidence of immunity (titres)	Mumps - Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR 2 MMR vaccines	Date of 1 st MMR:	Date of 2 nd MMR:
Rubella:	Laboratory evidence of immunity (titres)	Rubella -Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR MMR vaccine	Date of MMR:	
Varicella:	Laboratory evidence of immunity (titres)	Varicella - Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR Varicella vaccine (2 doses)	Date of 1 st dose:	Date of 2 nd dose:
Hepatitis B:	Laboratory evidence of immunity (antibody titre must be provided if vaccinated)	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	Vaccination highly recommended for staff with exposure to blood and body fluids	Date of 1 st dose:	Date of 2 nd dose:
			Date of 3 rd dose:
Tetanus/ Diphtheria / Pertussis	Pertussis vaccination status is required	<input type="checkbox"/> dTap (Adacel) Date:	Pertussis vaccination (dTap) once as an adult, Td every 10 years recommended
	Adult pertussis vaccine <input type="checkbox"/> No	<input type="checkbox"/> Td Date:	
Influenza:	Highly recommended annually	Date of last influenza vaccine:	

Completed by (Physician/RN): _____ Signature/Stamp: _____

Date of completion: _____

I, (print full name) _____ agree to release the above information to the medical credentials office at The Hospital for Sick Children. I understand that this document will be retained in the medical credentials office and that my Manager will be allowed to know my compliance status in relation to the mandatory requirements of the Staff Immunization and Surveillance Policy outlined in my offer letter. In the event of an outbreak this form will be shared with Occupational Health.

New Staff signature: _____ Date: _____

For the purposes of SickKids Staff Immunization & Surveillance Policy, the term "Staff" refers to all persons carrying out work activities within the hospital and includes all employees, physicians, dentists, scientists, volunteers, students, independent contract workers and observers. All staff are required to comply with The Hospital for Sick Children's Staff Immunization and Surveillance Policy, which is based upon the OMA/OHA Communicable Disease Surveillance Protocols for Ontario Hospitals.