



Employee Name: _____

Employee ID: _____ **DOB:** _____

Immunization Record

	Recommendations and Employment Requirements	Date of Vaccine	Date of Booster vaccine if applicable
All Routine Vaccines (Required prior to start date)			
Tetanus	Evidence of One Dose Tetanus, usually given with Childhood Schedule. It is recommended that employees receive tetanus boosters every 10 years. Polio Booster recommended 10 years or later after initial vaccine.		Date of Booster
Diphtheria			
Polio			Date of Booster
MMR <i>Measles, Mumps, Rubella</i>	<i>Evidence of Vaccination or serological evidence of immunity required for all employees born after January 1, 1957</i>		Date of Booster
Varicella Chickenpox, Herpes Zoster, Shingles Individuals with known history of disease are NOT required to be immunized. Serological evidence of disease history is NOT required.	Recommended for employees with negative or unknown history of chicken pox, herpes zoster, shingles.	<input type="checkbox"/> History of disease <input type="checkbox"/> Negative or unknown history of disease	Vaccination Date: _____
MMR	Evidence of Vaccination or serological evidence of immunity		
Screening (Required prior to start date)			
Tuberculosis Screening <i>Two part skin test screening required prior to start date that is completed within the last year OR BCG Vaccine</i> <i>It is not required to update Chest X-Ray prior to hire, please provide last chest X-Ray results.</i>	Recommended 2 part screening test and repeated on known exposure to Tuberculosis. (see TB controlled guidelines at www.travelnurse.ca) Chest X-ray required for positive screening results.	Date of Screening Part One <input type="checkbox"/> Positive <input type="checkbox"/> Negative <i>If positive</i> <input type="checkbox"/> Chest X-Ray	Date of Screening Part 2 <input type="checkbox"/> Positive <input type="checkbox"/> Negative <i>If positive</i> <input type="checkbox"/> Chest X-Ray

Recommended Vaccinations

Although it is required that all employees report these vaccinations they are recommended to all HCW but at this time not mandatory, required vaccinations.

		Date of Vaccine	Date of Vaccine
Influenza Vaccine	<i>Annual Vaccination Provided free to healthcare workers through Provincial Public Health</i>		
H1N1 Vaccination, Fall 2009	<i>Annual Vaccination Provided free to healthcare workers through Provincial Public Health units</i>		
Hepatitis B Vaccine Series	<i>Recommended for HCW's who may be at an increased risk of sharps injuries, bites, or penetrating injuries. Provided free by Public Health</i>	3 Part Series <input type="checkbox"/> 1st Vaccine <input type="checkbox"/> 2 nd Vaccine <input type="checkbox"/> 3 rd Vaccine	Date of Series Completion

Please complete this form and fax, email or mail evidence or either your immunization status or serological evidence of immunity to Solutions Staffing Inc via mail, email or fax. Your immunization passport or individual immunization cards are sufficient as evidence of immunization status.

Background: Healthcare workers are at risk of exposure to communicable diseases because of their contact with patients or material from patients with infections, both diagnosed and undiagnosed. Maintenance of immunity against vaccine-preventable diseases is an integral part of a healthcare workers employers Occupational Health Program. Optimal usage of immunization agents in hospital staff will not only safeguard the health of staff members but may, in some instances, also protect patients from becoming infected by hospital employees or healthcare workers.

The priority for all health and childcare workers should be to ensure that all routine immunizations including booster doses are completed.

*Adapted from Communicable Disease Control Immunization Program Section III – Immunization of Special Populations January 2009.