

## Childcare Staff and Volunteer Pre-Employment Immunization Form

To be completed by Employee (with copy of immunization record attached),  
or by employee's Health Care Provider, and returned to Child Care Centre

**Staff/Volunteer Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

According to ONTARIO REGULATION 137/15 under the Child Care and Early Years Act, "Every licensee of a child care centre shall ensure that, before commencing employment, each person employed in each child care centre it operates has a health assessment and immunization as recommended by the local Medical Officer of Health. **This includes each person who is ordinarily a resident of the premises, or regularly at the premises, as well as students and volunteers in the child care centre.**

\*Employees who are not immunized due to serious illness, allergy or philosophical beliefs may receive an exemption. View, download and print the Provincial Exemption Form "Statement of Conscience or Religious Belief" from <http://www.forms.ssb.gov.on.ca>. Form must be signed and stamped by a commissioner of oaths, notary public or justice of the peace and be kept in the employee's file.

The following includes the required and recommended immunizations and Tuberculosis screening:

REQUIRED IMMUNIZATIONS		NOTES
<b>Tetanus/Diphtheria/Pertussis</b>	<b>Tetanus/Diphtheria</b>	Pertussis vaccine is considered a priority for those in close contact with infants. Adults should receive one dose of Tdap followed by Td booster every 10 years.
Tdap _____ (year/mm/dd)	Td _____ (year/mm/dd)	
<b>Measles Mumps Rubella</b>		Two doses of MMR vaccine are required for adults born in or after 1970, or laboratory evidence of immunity. Adults born before 1970 are considered immune.
Dose # 1 _____ Dose # 2 _____ (year/mm/dd) (year/mm/dd) OR/ Titre Date: _____ Result: _____ (year/mm/dd)		
RECOMMENDED IMMUNIZATIONS		NOTES
* May <u>not</u> be publicly funded and there may be a charge for vaccine		
<b>*Varicella (Chickenpox)</b>		Adults who have a history of chickenpox disease are considered immune. Staff with an unknown history of chickenpox disease should receive 2 doses of vaccine or have laboratory evidence of immunity or infection.
Age or date of disease: _____ OR/ Titre Date: _____ Result: _____ (year/mm/dd) OR/ Dose # 1 _____ Dose # 2 _____ (year/mm/dd) (year/mm/dd)		
<b>*Hepatitis B</b>		2 or 3 dose series recommended in center where a child or worker has hepatitis B infection. However, children with hepatitis B infection are usually asymptomatic and the hepatitis B status of children is generally unknown.
2 dose series - Dose # 1 _____ # 2 _____ (year/mm/dd) (year/mm/dd) 3 dose series Dose # 1 _____ # 2 _____ # 3 _____ (year/mm/dd) (year/mm/dd) (year/mm/dd)		
<b>Influenza (updated yearly)</b>		Annual vaccination recommended for adults providing care to children less than 5 years of age as these children are at higher risk of influenza related complications.
Dates: _____		

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### **Tuberculosis (TB) screening**

Screening of employees working in child care settings should be restricted to those who are at high risk of active tuberculosis as per the Canadian TB Standards. TB screening must be completed prior to starting employment. If employee has documentation of TB skin testing within one year of starting work, no further testing is required unless there may have been exposure to Tuberculosis as discussed below.

### **Hastings Prince Edward Public Health requires TB screening for the following childcare staff:**

- persons who have lived or worked in a First Nations Community
- persons who have lived outside of Canada in a country with high incidence of TB - refer to <http://www.stoptb.org/countries/tbdata.asp> for list of high burden TB countries
- travellers to high TB incidence country as per criteria below – for TB incidence data refer to <https://www.who.int/tb/country/data/profiles/en/>
  - ≥1 month of travel with to a high TB incidence country with very high risk contact, particularly direct patient contact in a hospital or indoor setting, but possibly including work in prisons, homeless shelters, refugee camps or inner city slums
  - ≥3 months of travel to TB incidence country >400/100,000 population
  - ≥6 months of travel to TB incidence country 200-399/100,000 population
  - ≥12 months of travel to TB incidence country 100-199/100,000 population

If employee provides documentation of a negative two step in the past, only a One Step TB skin test is required. Previous positive TB skin tests should not be repeated. Chest x-ray and medical assessment is required for positive TB skin tests to rule out active Tuberculosis.

Positive TB skin tests require reporting to HPEPH Communicable Disease Program Intake line 613-966-5500 x 349

<b>TUBERCULOSIS SCREENING: Required (meets high risk criteria above)?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</b>					
<b>Tuberculin (Mantoux) Skin Test</b>		<b>Date planted</b>	<b>Date Read</b>	<b>Induration size (mm)</b>	<b>Result (pos/neg)</b>
<b>Two Step TB Skin Test</b> (only needs to be completed once)	<b>First step</b>	_____ (year/mm/dd)	_____ (year/mm/dd)		
	<b>Second step</b>	_____ (year/mm/dd)	_____ (year/mm/dd)		
<b>One step TB skin test</b> (if employee has documented previous negative 2 step test)		_____ (year/mm/dd)	_____ (year/mm/dd)		
<b>Chest x-ray and Symptom Screen (only if positive skin test)</b>		<b>Date of exam</b>	<b>Results</b>		
*Employee with positive TST requires a medical note stating he/she is free of active TB once assessment complete.					

**Health Care Provider Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(if applicable)

**OR/ Employee Signature:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_