

Health Services Mandatory Requirements

UHN requires all TeamUHN members to provide Health Services with current immunization records that meet our organizational policy and the minimum standards for all Ontario hospitals (OHA/OMA Guidelines). The purpose of these requirements is to limit the risk of exposure and transmission of communicable diseases for staff and patients and support a healthy and safe work environment.

As it may take 4-6 weeks to complete these requirements, **the requirements should be started well in advance of your start date.** Staff are not permitted to verify their own record and are advised to retain a copy of this form for their own records:

- **Onboarding Immunization Record:** May be filled out by a licensed medical practitioner OR you may provide documentation of these records that include **all the required elements found on this form.** This must be submitted as an attachment to the completed record.
- **Health History:** Must be fully completed by the onboarding TeamUHN member.

To access your past records:

- Contact your current employer, past employer or organization where you performed volunteer work, and request a copy of your record from the Occupational Health Department.
- Contact your healthcare training school program and request a copy of your immunization record from Student Health Services.
- Contact the Public Health Department in the school district that you attended to ask for a copy of your vaccination record. If you attended school in Toronto, you can access your record online: <https://tph.icon.ehealthontario.ca/#!/welcome>
- Obtain your childhood record (often a yellow card or form) from your family doctor or parents. Other healthcare professionals you have received care from may also have pertinent documentation of immunity such as obstetricians, midwives or family physicians.
- Blood tests may be required if you are unable to confirm vaccination dates and test results may take 2-4 weeks. You may want to discuss revaccination as an option with your doctor.

If you do not have a healthcare provider please use the following link to find one:

[https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner.](https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner)

Submit the below information and supporting documentation using the online forms located at kics.uhn.ca/kics/formlist.php **no later than 5 business days prior to your start date.** Please have all of your documentation ready to submit together.

You will receive a follow up e-mail once submitted. The medical information collected will be maintained in confidence and will remain part of your Health Services Clinic medical record. If you have concerns regarding submitting your documents online, please contact Health Services at 416-979-4441.

N95 RESPIRATOR FIT TESTING

Upon hire at UHN, all healthcare workers will be provided with the opportunity to be fit tested for an N95 respirator. Please complete the N95 Respirator Fit Testing online form, located at kics.uhn.ca/kics/formlist.php, to provide us with a copy of your valid fit test record (completed within the last two years) and/or to be provided with instructions on how to complete an N95 respirator fit test when you start at UHN.

Onboarding Immunization Record for TeamUHN

Can be filled out by a licensed medical practitioner OR you may provide documentation of these records that include **all the required elements (1-6) found on this 2-page form**. This form once completed may be submitted with your records using the online form located at kics.uhn.ca/kics/formlist.php.

UHN EMPLOYEE NAME:

UHN EMPLOYEE ID:

<p>1) Mantoux (TB) Skin test status</p> <ul style="list-style-type: none"> A 2-step TB skin test (TST) <p>OR</p> <ul style="list-style-type: none"> A 1-step TST if the last 1-step was completed within the last year. If any historical TST is positive, documentation of a CHEST X-RAY performed after the positive TST is required. Persons who have had previous BCG vaccination should be assessed as above. 	<p>Mantoux (TB) Skin test results</p> <p>1. Date Given: _____ Date Read: _____ (L) (R) Skin Read Result: _____ (_____ mm. induration)</p> <p>2. Date Given: _____ Date Read: _____ (L) (R) Skin Read Result: _____ (_____ mm. induration)</p> <p>If any historical TST Positive: Date of positive TST: _____ CXR: Date: _____ Result: _____</p>
<p>2) Evidence of immunity to Measles, Mumps and Rubella (MMR)</p> <ul style="list-style-type: none"> Documentation of 2 doses of measles, mumps and rubella (MMR) vaccine <p>OR</p> <ul style="list-style-type: none"> Blood titers showing immunity. 	<p>Record of MMR Vaccination</p> <p>1. First Dose Date: _____ 2. Second Dose Date: _____</p> <p>OR</p> <p>Laboratory evidence of immunity Measles Date Immunity Test Completed: _____ Result (circle one): Reactive / Non-Reactive / Indeterminate Mumps Date Immunity Test Completed: _____ Result (circle one): Reactive / Non-Reactive / Indeterminate Rubella Date Immunity Test Completed: _____ Result (circle one): Reactive / Non-Reactive / Indeterminate</p>
<p>3) Evidence of immunity to Varicella</p> <ul style="list-style-type: none"> Documentation of 2 doses of varicella vaccine <p>OR</p> <ul style="list-style-type: none"> Blood titers showing immunity. 	<p>Record of Varicella Vaccination</p> <p>1. First Dose Date: _____ 2. Second Dose Date: _____</p> <p>OR</p> <p>Laboratory evidence of Varicella immunity Date Immunity Test Completed: _____ Result (circle one): Reactive / Non-Reactive / Indeterminate</p>
<p>4) Immunization against Tetanus, Diphtheria & Pertussis (Tdap) received at the <u>age of 18 or older</u></p> <ul style="list-style-type: none"> Pertussis vaccination is mandatory Tetanus and diphtheria are recommended 	<p>Record of <u>adult</u> Vaccination for Tetanus Diphtheria and Pertussis (Tdap) received at the <u>age of 18 or older</u></p> <p>Date Completed: _____</p>

<p>5) Documentation of COVID-19 vaccination</p> <ul style="list-style-type: none"> Documentation of evidence of minimum 2 doses of the COVID-19 Vaccine. 	<p>Record of COVID-19 Vaccination</p> <p>1. First Dose Vaccine Manufacturer: _____ First Dose Date: _____</p> <p>2. Most Recent Dose Vaccine Manufacturer: _____ Most Recent Dose Date: _____</p>
<p>6) Documentation of Hepatitis B status</p> <p><i>Applies ONLY for TeamUHN members who will work with patients and/or may be exposed to blood, bodily fluids or infectious waste.</i></p> <ul style="list-style-type: none"> Blood titres showing immunity is required (bloodwork: HBsAb titre >10.0). <p>Note: UHN does not accept documentation of Hepatitis B vaccinations, bloodwork must be completed. If your bloodwork does not reflect immunity, you can be granted a conditional clearance upon receiving one dose after non-immune bloodwork. Further blood testing after vaccination(s) will be required – please consult your healthcare provider or HS nurse.</p> <ul style="list-style-type: none"> If two complete 3-dose series have been completed, and HBsAb remains <10.0: <ul style="list-style-type: none"> ➢ Considered “non-responder”. ➢ HBsAg bloodwork required 	<p>Record of Hepatitis B Immunity</p> <p>Date HBsAb Test Completed: _____ Result: _____ (circle one) Positive / Negative</p> <p>Date second HBsAb test completed (if necessary): _____ Result: _____ (circle one) Positive / Negative</p> <p>Record of Hepatitis B Vaccination</p> <p>1. First Dose Date: _____ 2. Second Dose Date: _____ 3. Third Dose Date: _____ 4. Fourth Dose Date (if necessary): _____ 5. Fifth Dose Date (if necessary): _____ 6. Sixth Dose Date (if necessary): _____</p> <p>If non-responder</p> <p>HBsAg Date: _____ Result: _____ (circle one) Positive / Negative</p>

(PRACTITIONER STAMP
HERE)

Health Practitioner’s Signature **Date**

Employee’s Signature **Date**