

Volunteer Pre-Placement Immunization Record

Name: _____ DOB: _____

Address: _____ City: _____ Postal Code: _____

Home Telephone: _____ Family Physician: _____

Dear Doctor:

The above individual is seeking placement at Peterborough Regional Health Centre. The Ontario Hospital Association and the Canadian National Advisory Committee on Immunization (NACI) requires that everyone working in hospitals fulfill the following requirements.

1. **MMR:** If your patient has received two doses of MMR vaccine given at least 4 weeks apart on or after the first birthday, provide dates or evidence of serology indicating immunity.

Date of Vaccine #1: _____ Date of Vaccine #2: _____

2. **Varicella:** Documentation of receipt of 2 doses of varicella vaccine or evidence of serology indicating immunity.

Date of Vaccine #1: _____ Date of Vaccine #2: _____

3. **Tuberculosis (TB):** Individuals must be free from active TB and participate in baseline Tuberculin skin testing (TST). For individuals with unknown or previous negative TST (regardless of history of BCG), 2 step TST must be completed unless there is a previously documented 2 step testing then a single step must be completed.

1st step	(date and result)	2nd step	(date & result)
Or If 2 step completed > than 1 year - updated 1 step TST required	(date & result)		
Or previous 1 step within the last year (no history of 2 step) - 1 step TST required	Previous 1 step within last year date and result	Updated 1 step TST date & result	

Individuals with previously positive TST or contraindications, assessment will include a chest x-ray within the past 5 years.

Contraindication: _____

Previous Positive TST date and result, if known: _____

Chest X-ray results known: Negative Positive.

If positive, has this been reported to Peterborough City/County Health Unit: Yes No

Volunteer/Parent Signature: _____ Date: _____
(if under the age of 18)

Nurse/Physician Signature: _____ Date: _____