



For the purposes of the Sinai Health Immunization & Surveillance Policy, the term "Staff" refers to all persons carrying out work activities within the hospital and includes all employees, physicians, researchers, scientists, learners, observers, volunteers, and contractors. All Staff are required to comply with the Sinai Health Immunization & Surveillance Policy, which is based upon the OMA/OHA Communicable Disease Surveillance Protocols for Ontario Hospitals.

The attached IMMUNIZATION FORM is for use by Staff on the hospital payroll only (i.e., employees). It is to be *completed by a Primary Care Provider or the Occupational Health Nurse at a previous employer*, and must be returned to Occupational Health & Safety (OHS) by fax: 416-470-6725 or e-mail: [ohs.bh@sinaihealth.ca](mailto:ohs.bh@sinaihealth.ca) no later than 12:00 pm (noon) on the Thursday *before* your start date.  
**No Staff will be allowed to start work without clearance through OHS.**

Staff must complete and submit documentation of tuberculosis screening, as well as proof of immunity to Measles, Mumps, Rubella, and Varicella (chickenpox) *prior to their start date*. Hepatitis B, Tdap/Td, Influenza, and COVID-19 immunization status must also be provided

**Tuberculosis** – Staff are required to have had a documented baseline Tuberculosis (TB) skin test completed prior to their start date. It is essential to have accurate baseline information as this is the comparison that is used in the event of an exposure. Testing is required despite having a past history of vaccination for TB (called BCG).

- Staff who have not previously had a TB skin test are required to complete and submit results of a baseline 2-step TB skin test. This involves the planting of a TB skin test in the forearm and having it read by a Primary Care Provider or Occupational Health Nurse 2-3 days later. If negative, the process will be repeated in the other arm 1-3 weeks later. If positive, see below for instructions.
- Staff who have previously had a **NEGATIVE** baseline 2-step TB skin test are required to submit the results. If the 2-step TB skin test was done more than 12 months prior to their start date, the result of a repeat 1-step TB skin test dated within the last 12 months must also be provided.
- Staff who have a documented **POSITIVE** skin test (i.e. greater than 10mm induration) are required to submit the results, as well as the report of a CHEST X-RAY completed post-positive test.
- TB tests can be affected by some types of vaccines. TB skin tests should be complete **before** or **4 weeks after**:
  - Receiving live vaccines, such as MMR (Measles, Mumps, Rubella) or Varivax (chickenpox vaccine).
  - Vaccination for COVID-19.

**Measles – Any one of the following is acceptable:**

- Documentation of receipt of 2 doses of live Measles virus vaccine (or trivalent Measles-Mumps-Rubella [MMR] vaccine) on or after the first birthday, given at least four weeks apart, **OR**
- Laboratory evidence of immunity.

**Mumps – Any one of the following is acceptable:**

- Documentation of receipt of 2 doses of live Mumps virus vaccine (or trivalent Measles-Mumps-Rubella [MMR] vaccine) on or after the first birthday, given at least four weeks apart, **OR**
- Laboratory evidence of immunity.

**Rubella – Any one of the following is acceptable:**

- Documentation of receipt of 1 dose of Rubella vaccine (or trivalent Measles-Mumps-Rubella [MMR] vaccine) on or after the first birthday, **OR**
- Laboratory evidence of immunity.

**Varicella (Chickenpox) – Any one of the following is acceptable:**

- Documentation of receipt of 2 doses of Varicella vaccine, given at least 4 weeks apart, **OR**
- Laboratory evidence of immunity.

**Hepatitis B Vaccine** – Highly recommended for any Staff who work with patients and/or may have contact with human blood, body fluids, or contaminated items (e.g., laundry, housekeeping, central reprocessing, etc.). It is essential for OHS to know Staff immunity status (i.e., Hepatitis B surface antibody titre) in the event of an exposure so that protective action can be taken promptly.

**Tetanus/Diphtheria/Pertussis** – Staff who have not received a dose of Pertussis vaccine as an adult should receive one dose of Tdap (Tetanus/Diphtheria/Pertussis vaccine for adults) prior to working in the hospital. Additionally, Tetanus/Diphtheria vaccine (Td) should be received every 10 years.

**Influenza Vaccine** – Offered by OHS and highly recommended for all Staff annually. If not received at Sinai Health, Staff must inform OHS of their influenza vaccination status (i.e. vaccine declination for medical or personal reasons, or if they received their vaccination elsewhere) on an annual basis.

**COVID-19 Vaccine** – First dose required for all Staff prior to start date. Second dose must be completed within 6 weeks of start date. Staff who are unable to receive the vaccine due to medical contraindications must provide evidence to support the contraindication.

**N95 Mask Fit Testing** – Staff who interact with patients or the patients' environment and/or equipment are required to complete N95 Mask Fit Testing every 2 years. Staff should submit proof of a current mask fit to OHS or complete N95 training during orientation.



INSTRUCTIONS: Take the INFORMATION SHEET and this FORM to your Primary Care Provider or an Occupational Health Nurse to complete in full and sign. Relatives are not permitted to complete this form. Any costs associated with completion of this form are your responsibility. In order to fulfill the terms and conditions of your employment offer, the following information must be provided to Occupational Health & Safety (OHS) no later than 12:00pm (noon) on the Thursday prior to your start date. Incomplete forms and late submissions will delay your start date. Submit the completed form to OHS by fax: 416-470-6725 or e-mail: ohs.bh@sinaihealth.ca. Retain a copy for your records.

Form with fields: LAST NAME, FIRST NAME, SIN, HOME PHONE, CELL PHONE, DOB (DD/MM/YYYY), JOB TITLE, EMAIL, START DATE, DEPARTMENT, SUPERVISOR. Includes a consent statement and signature lines for New Staff Signature and Date.

TUBERCULOSIS SCREENING (Required)

Tuberculosis screening form with sections for baseline 2-step test, BCG vaccine history, and 1-step TB skin test. Includes fields for date planted, date read, and result (mm).

IMMUNIZATION STATUS (Required, marked with \*\*). Please attach a copy of your laboratory reports†, as applicable.

Immunization status form with sections for Measles, Mumps, Rubella, OR MMR vaccine (2 doses), Varicella, OR Varicella vaccine (2 doses), Hepatitis B, Influenza, Tetanus/Diphtheria/Pertussis, and COVID-19. Includes fields for laboratory evidence, dates, and results.

PRIMARY CARE PROVIDER / OCCUPATIONAL HEALTH NURSE (OHN) SIGNATURE (Required)

Signature and stamp area. Includes lines for Primary Care Provider / OHN name and discipline, and a large 'OFFICE STAMP' area for Regulatory College No. / Phone / Address.