

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 are 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, or as soon as you receive your EID after submitting your HR onboarding documents.** 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 or OHSNEO@uhn.ca.

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 Checklist

This form is intended to serve as an informal checklist only and is not an accepted form for proof of employee immunization. Proof of immunization must be completed by a Medical Practitioner using either the “Onboarding Immunization Record for TeamUHN” form (below) or through certified documentation.

As a condition of employment, all new UHN staff will **provide proof and documentation of tests** for the following, prior to their start date:

1) TB Skin test (TST) (Mantoux Test) status *(Note that each step of a TST is 2 appointments)*

<input type="checkbox"/> Documentation of a 2-step TST completed within 28 days of one another, at any time	<u>OR</u>	Two separate 1-step TST if both are completed within a 12 month timespan. Documentation of both tests are required.
<u>OR</u>		
If you have ever tested positive on TST:		
<input type="checkbox"/> Documentation of that positive TST		
AND		
<input type="checkbox"/> Documentation of a chest x-ray performed after the positive TST is required		

- BCG vaccination is NOT a contraindication to TST; documentation of TST is **required**.

2) Measles, Mumps and Rubella (MMR) immunity status

<input type="checkbox"/> Documentation of 2 MMR vaccine doses	<u>OR</u>	<input type="checkbox"/> Documentation of blood titres showing immunity to Measles, Mumps, and Rubella
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3) Varicella immunity status

<input type="checkbox"/> Documentation of 2 Varicella vaccine doses	<u>OR</u>	<input type="checkbox"/> Documentation of blood titres showing immunity to Varicella
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4) Tetanus, Diphtheria and Pertussis (Tdap) immunity status

<input type="checkbox"/> Documentation of adult (age >18) Pertussis vaccination is mandatory
<input type="checkbox"/> Tetanus and Diphtheria are recommended

5) COVID-19 Vaccine status

<input type="checkbox"/> Documentation of evidence of 2 doses of the COVID-19 vaccine
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6) Hepatitis B immunity status

The Hepatitis B immunity status is **ONLY for TeamUHN members who will work with patients and/or may be exposed to blood, bodily fluids or infectious waste**. Ask your Hiring Manager/Principal Investigator (PI)/Supervisor/Department or Division Head if you are unsure if these requirements apply to you.

<input type="checkbox"/> Proof of Hepatitis B immunity required (bloodwork: HBsAb titre>10.0)		
If Hepatitis B immunity is negative:		
<input type="checkbox"/> Booster or complete 3-dose vaccine series and further blood testing will be required	<u>AND</u> as applicable	If two complete 3-dose series have been completed, and HBsAb remains <10.0 , considered “ non-responder ”
<input type="checkbox"/> Documentation of consultation with care provider		
<input type="checkbox"/> <i>Consultation with Health Services nurse is advised if you are a non-responder to Hepatitis B- email OHSNEO@uhn.ca</i>		

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) TB Skin test (TST) (Mantoux Test)</p> <ul style="list-style-type: none"> A 2-step TST <p>OR</p> <p>Two separate 1-step TST if both are completed within a 12 month timespan. Documentation of both tests are required. <i>BCG vaccination is NOT a contraindication to TST</i></p> <p>If you have ever tested positive on TST,</p> <ul style="list-style-type: none"> Documentation of that positive TST <p>AND</p> <ul style="list-style-type: none"> Documentation of a chest x-ray performed after the positive TST is required 	<p>TST (Mantoux 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 is positive: Date of positive TST: _____ CXR after positive TST test: 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)</p> <ul style="list-style-type: none"> Adult Pertussis vaccination is mandatory Tetanus and diphtheria are recommended 	<p>Record of latest Vaccination for Tetanus Diphtheria and Pertussis (Tdap)</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. Second Dose Vaccine Manufacturer: _____ Second Dose Date: _____</p> <p>3. Last Booster Dose Vaccine Manufacturer: _____ Dose Date: _____</p>
<p>6) Documentation of Hepatitis B status <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"> Proof of Hepatitis B immunity required (bloodwork: HBsAb titre >10.0) <p>If immunity negative:</p> <ul style="list-style-type: none"> Booster or complete 3-dose vaccine series and further blood testing will be required – <i>consult your care provider or HS nurse</i> At least 1 dose administered after negative bloodwork is required for clearance. <p>If two complete 3-dose series have been completed, and HBsAb remains <10.0:</p> <ul style="list-style-type: none"> Considered “non-responder” Consultation with your care provider required Consultation with Health Services nurse is advised if you are a non-responder- email OHSNEO@uhn.ca 	<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: Consultation with care provider date: _____</p>



Health Practitioner’s Signature

Date

Employee’s Signature

Date

Health History

This form to be completed by the TeamUHN member online using the “Health History” form located at kics.uhn.ca/kics/formlist.php.

Name: _____
(last name, first name)

Date of Birth: _____
(DD/MM/YYYY)

The following questions are important to identify any health conditions that could be affected by potential exposure to workplace hazards.

List any Allergies or sensitivities (eg. Latex, rubber, food, medications, environmental) and describe the type of reaction you have experienced and any medical follow-up/treatment to noted allergies:

Allergy	Type of Reaction

Have you ever had any limitations placed on your physical or work activities because of illness, injury, or WSIB/work related injury? Yes No

If yes, please describe: _____

Are any of the above noted restrictions or limitations permanent in nature? Yes No

If yes, please describe: _____

Do you have any current medical restrictions or limitations? Yes No

How long are they in place for? _____

Are any of these permanent? Yes No

Do you require an accommodation to complete the duties of the job? Yes No

If yes, please describe: _____

Did you disclose this prior to being hired for the job? Yes No

Do you have any disability for which you require accommodation under the Human Rights code? Yes No

If yes, please describe: _____

Do you have restrictions that require accommodation related to your personal safety in the event of an emergency?

Yes No

If yes, please describe: _____

Information collected on this form will be maintained in confidence. Only information related to ability to perform work and accommodation requirements will be shared with your Hiring Manager/Manager/Principal Investigator (PI)/Supervisor.

Employee Signature: _____ **Date:** _____