

Name of Volunteer Applicant:

The following form is to be completed by your healthcare provider. Submit this signed Volunteer Immunization Record at your interview.

Tuberculosis (TB) skin testing is available at Baycrest's Occupational Health and Safety office for individuals 18 years and over. Appointments can be arranged through Volunteer services. If TB skin testing is completed at Baycrest you will need to submit the BAYCREST TUBERCULOSIS SURVEILLANCE PROTOCOL FOR VOLUNTEERS and your healthcare provider will need to complete Part 2 and 3 of this record.

If you are NOT having the TB testing completed at Baycrest, Part 1, Part 2 and Part 3 are to be completed by your health care provider.

If you have questions about this form or the immunization requirements, please contact Volunteer Services at volunteer@baycrest.org or 416-785-2500 ext. 2572.

Part 1

I confirm **TUBERCULOSIS SCREENING** has been completed as outlined below:

- a) Individuals whose tuberculin status is unknown require a negative **two-step Mantoux skin test.**
- b) Individuals with documentation of prior negative two step Mantoux Skin Test or documentation of a negative single step Mantoux test within the past 12 months require a negative **single step Mantoux Skin test.**
- c) For individuals who are known to be tuberculin positive, were positive when tested in (a and b) above, or the Mantoux skin test is contraindicated for, further assessment and/or evaluation needs to be done to rule out active disease (This may include a chest radiograph depending on when last done).

Part 2

I confirm **MEASLES IMMUNITY** (proof of immunity as outlined below):

- Documentation of having received 2 doses of measles containing vaccine on or after the first birthday, OR
- Laboratory evidence of immunity to measles.

I confirm **MUMPS IMMUNITY** (proof of immunity as outlined below):

- Documentation of having received 2 doses of mumps containing vaccine given at least 4 weeks apart on or after the first birthday, OR
- Laboratory evidence of immunity to mumps.

I confirm **RUBELLA IMMUNITY** (proof of immunity as outlined below):

- Documentation of having received a single dose of a rubella containing vaccine on or after the first birthday OR
- Laboratory evidence of immunity to rubella.

- I confirm **VARICELLA IMMUNITY** (proof of immunity as outlined below):
 - Documentation of having received 2 doses of varicella containing vaccine, or
 - Laboratory evidence of immunity to varicella.

- I confirm **PERTUSSIS IMMUNITY** (proof of immunity as outlined below):
 - Adult volunteer - Documentation of having received one dose of T-dap (Tetanus-diphtheria acellular pertussis) as an adult.
 - Adolescent volunteer - Documentation of having received the adolescent T-dap (Tetanus-diphtheria acellular pertussis) booster.

- I confirm **HEPATITS B IMMUNITY (RECOMMENDED)** (proof of immunity as outlined below):
 - Laboratory evidence of immunity to Hepatitis B

Part 3

FOR COMPLETION BY PHYSICIAN or other HEALTH CARE PROVIDER GIVING CLEARANCE TO THE VOLUNTEER

I am aware of the communicable disease screening requirements as outlined above and certify that

_____ meets all requirements.
(Name of Volunteer Applicant)

Signature of Physician/Other Health Care Provider

Date

Clinic Stamp (REQUIRED)