



INSTRUCTIONS FOR COMPLETION

In accordance with *section 4 of Regulation 965¹* under the *Public Hospitals Act²*, all hospitals in Ontario are required to have a communicable disease surveillance program which includes tests and examinations set out in the Ontario Hospital Association/Ontario Medical Association disease surveillance protocols³. All individuals who carry out activities within Brockville General Hospital are required to abide by these protocols and provide documented evidence of immunity (as indicated below). Please review the instructions and requirements in detail to ensure compliance with the communicable disease screening program.

Option A: Provide Appropriate Documentation (which includes the following)

- Provincial Immunization records
- Print outs from educational facilities, and/or
- Laboratory reports showing vaccination dates and/or
- bloodwork (titre) results.

AND/OR

Option B: Have your Health Care Provider complete the Pre-Placement Communicable Disease Screening Form. This form can be used to communicate previous testing and examinations that have already been completed so that only missing/outdated tests are ordered and completed. For individuals who do not have the required documentation showing proof of immunity OR are unable to obtain these records in-advance of their scheduled appointment, see the options available below. Be sure to bring a valid OHIP card as it will be required when booking/completing these tests and examinations.

NOTE: There will be a fee associated with services not covered by OHIP and for the completion of forms.

You may have this form completed by your current occupational health services and/or attending healthcare provider. For those who do not have access to these services, you can reach out and schedule an appointment with one of the following:

- Brockville General Hospital Occupational Health Services
75 Charles Street, Brockville Ontario K6V 1S8 (4th floor room W4716)
613-345-5649 ext. 51470 *or*
BGHOccupationalHealthServicesDepartment@brockvillegeneralhospital.ca to schedule an appointment.
- Lanark Leeds and Grenville Health Unit Immunization Clinic
458 Laurier Blvd, Brockville Ontario K6V 7A3
1-800-660-5853 to schedule an appointment.

Please note that all completed forms must be sent directly to Brockville General Hospital Occupational Health Services at BGHOccupationalHealthServicesDepartment@brockvillegeneralhospital.ca or by fax at 613-345-8321.

This form was adapted from Kingston Health Science Pre-Placement Communicable Disease Screening Form.

¹ [R.R.O. 1990, Reg. 965: HOSPITAL MANAGEMENT \(ontario.ca\)](#)

² [Public Hospitals Act, R.S.O. 1990, c. P.40 \(ontario.ca\)](#)

³ [Ontario Hospital Association Communicable Diseases Surveillance Protocols \(oha.com\)](#)



PLEASE NOTE THIS FIRST PAGE DOES NOT NEED TO BE SUBMITTED WITH THE ATTACHED FORM OR SUMMITTED DOCUMENTATION

Client Consent for the Collection, Use, and Disclosure of Health Information

I _____ (print name), authorize BGH Occupational Health Services and/or my Attending Health Care Provider to collect, use, and disclose my personal health information for the sole purposes of ensuring compliance to the OHA/OMA disease surveillance protocols. I authorize BGH and its agents to reach out directly to my attending health care provider in circumstances where information within this form is considered incomplete.

Signature (confirming consent) _____ Date Signed (YYYY/MM/DD) _____

The below *must* be completed by Attending Health Care Provider

1. Tuberculosis Screening

A) A baseline two-step TB (Mantoux) skin test is required unless there is:

- Documented results of a prior two-step, OR (please provide results below)
- Documentation of a negative PPD within the last 12 months (please provide results below)
in which case a single-step test is required

Two Step B Skin Test Results:

Step I (YYYY/MM/DD) _____ Result _____ mm induration

Step II (YYYY/MM/DD) _____ Result _____ mm induration

B) A Single Step TB (Mantoux) skin test is required to be within 3 months of your start date.

Single Step: (YYYY/MM/DD) _____ Result _____ mm induration

C) If TB Skin Test is positive or previously positive (induration >10 mm):

Date of Positive Mantoux test _____ Result _____ mm induration

Chest x-ray _____ (YYYY/MM/DD)

Chest x-ray Result

Clear Chest x-ray **OR**

Undergone treatment No Yes Duration of treatment _____

History of BCG? _____ (YYYY/MM/DD)

Any signs or symptoms of TB: none persistent cough (for example last 3 + weeks) bloody sputum

night sweats weight loss anorexia fever



2. Measles

2 doses of live Measles virus vaccine on or after the first birthday:

Dose #1 _____ (YYYY/MM/DD)

Dose #2 _____ (YYYY/MM/DD) **OR**

Laboratory evidence: Measles titre: _____ (result) _____ (YYYY/MM/DD)

3. Mumps

2 doses of Mumps vaccine given atleast 4 weeks apart on or after first virus birthday:

Dose #1 _____ (YYYY/MM/DD)

Dose #2 _____ (YYYY/MM/DD) **OR**

Documentation of laboratory confirmed Mumps: _____ **OR**

Laboratory evidence: Mumps titre: _____ (result) _____ (YYYY/MM/DD)

4. Rubella

1 dose of Rubella vaccine on or after the first birthday:

Dose #1 _____ (YYYY/MM/DD) **OR**

Laboratory evidence: Rubella titre: _____ (result) _____ (YYYY/MM/DD)

5. Varicella (chicken pox)

Laboratory confirmation of disease (Result) _____ (YYYY/MM/DD) **OR**

Dates of Varicella Vaccination

Dose #1 _____ (YYYY/MM/DD)

Dose #2 _____ (YYYY/MM/DD) **OR**

Varicella titre: _____ (result) _____ (YYYY/MM/DD)

In cases where the individual has not had chickenpox or is uncertain, they should be screen through bloodwork: where non-immune, they should be immunized with the chicken pox vaccine.

6. Acellular Pertussis (Tdap) Booster

1 Adult dose received on: _____ (YYYY/MM/DD)



7. Hepatitis B Immunity

Hepatitis B vaccine series (dd/mm/yy) Dose #1 _____ Dose #2 _____ Dose #3 _____
AND/OR Anti-HBs titre: _____ (result) _____ (YYYY/MM/DD)

Hep B vaccination will be provided by Occupational Health for those 'at risk' staff who have not been immunized.

8. Influenza Vaccine

1 Adult dose of current year's vaccine received on: _____ (YYYY/MM/DD)

9. COVID-19 Vaccine

- 1st Dose Type: _____ Date _____ (YYYY/MM/DD)
- 1st Dose Type: _____ Date _____ (YYYY/MM/DD)
- Medical exemptions: temporary until _____ (YYYY/MM/DD) Permanent

10. N95 Mask Fit Testing

Respirator Model/Style _____ Date of N95 Mask Fit _____ (YYYY/MM/DD)

N95 Mask Types carried at BGH

- 1870+
- 8110 Small
- 1860 Small
- 8210
- 1860 Regular
- KC46767 Large
- 1804
- 1804 Small
- 9210+
- Surg Resp Small
- Surg Resp Medium
- Surg Resp Large

Please note that BGH primarily fits for 1870+ with other sizes in limited and varying quantities. It is recommended that communication occurs with BGH Occupational Health Services at 613-345-5649 ext. 51470 or BGHOccupationalHealthServicesDepartment@brockvillegeneralhospital.ca to confirm availability.

Declaration from Attending Health Care Provider

Name of Attending Health Care Provider completing this form

Full Address City Province Postal Code

Telephone # Fax #

Signature Date Completed