



Name: _____ Position: _____

Department: _____ Manager: _____

D.O.B.: _____ Phone number: _____

Address: _____

Email Address: _____

Date of placement: _____

Emergency Contact

Name: _____ Relationship: _____ Phone Number: _____

Instructions - Please read carefully

Complete the Pre-Placement Health Review form requirements. You may consult your physician’s office, your current employer’s Occupational Health Department and/or Local Public Health unit to assist with obtaining the information. This process must be completed prior to commencing your placement. We also kindly ask that if you are returning your paperwork electronically to please submit it in one pdf if possible.

Please send to occupationalhealthservices@woodstockhospital.ca or can be faxed to 519-421-0601.

***See Appendix A which outlines all immunization requirement and please attach all supporting documentation of immunizations and/or serology. ***

If you have any questions please contact;

Occupational Health Department @ 519-421-4211

Christa VanBemmel x2327

Jennifer Hussey x 2331

Compliance with Communicable Disease Surveillance Protocols for Ontario Hospitals and Woodstock hospital Pre-Placement Health Review policy is a requirement of your employment, placement or volunteer work. Failure to comply without acceptable medical documentation to support a contradiction to vaccines may result in a withdrawal of the offer of employment, placement or volunteering.



Tetanus/Diphtheria/Pertussis

Tetanus/Diphtheria

Most recent booster date: _____

* Must provide proof of documentation of vaccination within the last 10 years

MMR (Measles, Mumps and Rubella)

MMR Dates: 1st _____

2nd _____

Measles: Reactive Non-Reactive Indeterminate

Mumps: Reactive Non-Reactive Indeterminate

Rubella: Reactive Non-Reactive Indeterminate

Serology enclosed @WH

Chicken Pox (Varicella)

Vaccination Dates: 1st _____ 2nd _____

Serology enclosed @WH Reactive Non-Reactive Indeterminate

Hepatitis B

Vaccination Dates: Dose 1 _____ Dose 2 _____ Dose 3 _____

Serology enclosed @WH Reactive Non-Reactive Indeterminate Booster dose _____

Seasonal Influenza Vaccine

Vaccination Date: _____

COVID 19 Vaccine Dates

Last Vaccination Date: _____

Meningococcal Vaccine

Vaccination Date: _____

Two Step TB Skin Testing: 0.1ml 5TU Tubersol I.D. Proof of a 2 step TB test required before 1 step can be completed.

History of Two Step Test: Date: _____ Result: _____

Date: _____ Result: _____

One step: Date Given: _____ R / L Date Read: _____ Result: _____ Lot# _____

Second step: Date Given: _____ R / L Date Read: _____ Result: _____ Lot# _____

History of positive TST must have a documented CXR on file: Copy of x ray report

N95 Fit Testing (if applicable): A respirator fit test is required for all staff with direct patient care and must be current within last two years.

Type: _____

Date: _____

Non-Violent Crisis Intervention Training (if applicable): NVCI training is required for certain areas within the hospital and must be current with recertification every two years. Please provide proof of completion.

NVCI Training Date Completed: _____

****Remember to attach a copy of your current immunization record and/or serology****

APPENDIX A

Current Immunization Requirements for Woodstock Hospital Employees, Volunteers and Students per the Pre-Placement Health Review Protocol

Vaccine or Test	Requirements
Tetanus/Diphtheria (Td)	Documentation of Td or Tdap vaccination within the last 10 years
Tetanus/Diphtheria/Pertussis (Tdap)	All Adult HCW's, regardless of age should receive a single dose of Tdap for pertussis protection if not previously received in adulthood.
Measles, Mumps, Rubella	Documentation of two Measles, Mumps, Rubella vaccinations and/or Laboratory evidence of immunity.
Varicella	Documentation of two Varicella vaccinations and/or Laboratory evidence of immunity.
Hepatitis B	Hepatitis B vaccination series and proof of immunity by serology with updated titer level. (not required for volunteers)
Influenza	<p>All Employees will be required to submit an Influenza Immunization Declaration or Declination Form to Occupational Health prior to the deadline communicated each Influenza Season. Per Woodstock Hospital's Influenza Surveillance protocol in the event of an influenza outbreak unvaccinated staff will be offered chemoprophylaxis, those who refuse will not carry on patient care within the hospital setting.</p> <p>It is highly recommended that all staff, physicians, students, and volunteers receive an annual influenza immunization</p>
COVID 19 Vaccine	It is highly recommended that all staff, physicians, students, and volunteers receive a government approved COVID-19 vaccine(s) as per Ministry of Health.
TB Skin Test (TST)	<ol style="list-style-type: none"> 1. Documentation that a baseline two step TB skin test has been completed. 2. If longer than 12 months since last TB Test and proof of past 2 step on file, then: A one step TB skin test MUST be completed <p>Two step definition: TB skin test is given, read 2 days later and if negative the process is repeated in other arm within 1 to 4 weeks).</p> <p>A chest x-ray should be taken on any HCW who has:</p> <ul style="list-style-type: none"> • A positive TST; • Had a previous diagnosis of TB but has never received adequate treatment for TB; or • Pulmonary symptoms that may be due to TB <p>If the x-ray suggests pulmonary TB, the HCW should be evaluated by their health care provider. Documentation of the results of this evaluation should be in place before the HCW is cleared for work.</p>
Crisis Intervention training	Training may be required and will be determined by Occupational Health please provide documentation if this training has been received elsewhere.