

Childcare Staff and Volunteer Pre-Employment Immunization and Health Assessment (Tuberculosis Screening) Forms

To be completed by Employee or by employee's Health Care Provider, and returned to Child Care Centre.

Staff/Volunteer Name: _____ **Date of Birth:** _____

Authority to collect this information falls under Ontario Regulation 137/15 under the Child Care and Early Years Act,

“Every licensee of a child care centre shall ensure that, before commencing employment, each person employed in each child care centre it operates has a health assessment and immunization as recommended by the local Medical Officer of Health. “

This includes each person who is ordinarily a resident of the premises, or regularly at the premises, as well as students and volunteers in the child care centre.

The following includes the required and recommended immunizations (Form A) and Tuberculosis screening (Form B) as per the Medical Officer of Health of the Leeds, Grenville and Lanark District Health Unit:

Please attach a copy of the immunization record.

Employees who are not immunized due to serious illness, allergy or philosophical beliefs may receive an exemption for any of the listed vaccines.

Fill out the appropriate form from the Ontario Government Form Repository

Statement of Conscience or Religious Belief (Ministry of Education)

- The completed form must be signed and stamped by a commissioner of oaths, notary public or justice of the peace and be kept in the employee's file.

Statement of Medical Exemption (Ministry of Education)

- The completed Form must be signed by a legally qualified medical practitioner and be kept in the employee's file.

A: Childcare Staff and Volunteer Pre-Employment Immunization (Required and recommended)

REQUIRED IMMUNIZATIONS	Description
Tetanus/Diphtheria/Pertussis	Tetanus and Diphtheria (Td) should be received by all adults, every 10 years. Adults should receive at least one dose of Pertussis vaccine with their Tetanus and Diphtheria booster (Tdap).
Td (year/mm/dd)	
Tdap (year/mm/dd)	
Measles Mumps Rubella	Two doses of MMR vaccine are required for adults born during or after 1970, If unable to confirm dates of immunization, provide laboratory evidence of immunity. (blood titre results) Adults born before 1970 are considered immune and are not required to provide dates of immunizations or titre results.
Dose # 1 (year/mm/dd)	
Dose # 2 (year/mm/dd)	
Titre	
Date: (year/mm/dd)	
Result:	
RECOMMENDED IMMUNIZATIONS *There may be a fee for some vaccines if not received previously	Description
Hepatitis B 2 or 3 dose series depending on age when started	Recommended in child care settings Hepatitis B is spread through close contact of body fluids of an infected person (saliva and blood).
Dose # 1 (year/mm/dd)	Children who are chronic carriers of Hepatitis B may not show signs of Hepatitis B infection.
Dose # 2 (year/mm/dd)	
Inactivated Polio Vaccine (IPV) 1 dose as an adult	Children from outside of Canada may receive oral polio vaccine (OPV). OPV contains a weakened live virus which may be excreted with stool for a period of time after receiving the vaccine. Adults who are immune compromised or have not had a polio vaccine since childhood could be at risk of acquiring vaccine-associated paralytic polio.
Varicella (Chickenpox)	Staff with an unknown history of chickenpox disease should receive 2 doses of vaccine If unable to confirm dates of immunization, provide laboratory evidence of immunity. (blood titre results)
Dose # 1 (year/mm/dd)	Adults who have a history of chickenpox disease are considered immune.
Dose # 2 (year/mm/dd)	
Influenza (updated yearly in Nov/Dec.)	Annual vaccination recommended for adults providing care to children less than 5 years of age as these children are at higher risk of influenza related complications.
COVID (as per current guidelines)	COVID vaccine requires 2 initial doses to provide some immunity. Booster doses are recommended for adults providing care to children less than 5 years of age as these children are at higher risk of COVID related complications.

B: Childcare Staff and Volunteer Pre-Employment Tuberculosis (TB) Screening Form

To be completed by Employee or by employee's Health Care Provider, and returned to Childcare Centre

Staff/Volunteer Name: _____ **Date of Birth:** _____

Tuberculosis (TB) screening:

Testing of employees/volunteers working in child care settings should be restricted to those who are at high risk of active tuberculosis as per the Canadian TB Standards. TB screening and testing (if applicable) must be completed prior to starting employment. If employee/volunteer has documentation of TB skin testing within one year of starting work, no further testing is required, unless there may have been exposure to Tuberculosis as discussed below.

Leeds Grenville and Lanark District Health Unit (LGLDHU) requires TB screening for the following childcare staff/volunteers:

- persons who have lived or worked in a First Nations Community
- persons who have lived outside of Canada in a country with high incidence of TB - refer to <http://www.stoptb.org/countries/tbdata.asp> for list of high burden TB countries
- travellers to high TB incidence country as per criteria below – for TB incidence data refer to <https://www.who.int/tb/country/data/profiles/en/>
 - ≥1 month of travel with to a high TB incidence country with very high risk contact, particularly direct patient contact in a hospital or indoor setting, but possibly including work in prisons, homeless shelters, refugee camps or inner city slums
 - ≥3 months of travel to TB incidence country >400/100,000 population
 - ≥6 months of travel to TB incidence country 200-399/100,000 population
 - ≥12 months of travel to TB incidence country 100-199/100,000 population

If employee screens positive for these criteria and provides documentation of a negative two step in the past, only a One Step TB skin test is required. If staff has a previous positive TB skin test, additional skin tests should not be completed. A chest x-ray and medical assessment is required to rule out active Tuberculosis instead. Positive TB skin tests are required to be reported to LGLDHU Communicable Disease Program Intake line 1-800-660-5853 x2222

IS TB SKIN TEST REQUIRED? (ie. Meets above criteria)		☐ YES	☐ NO		
Tuberculin (Mantoux) Skin Test		Date planted	Date Read	Induration size (mm)	Result (pos/neg)
Two Step TB Skin Test (only needs to be completed once)	First step	_____	_____		
		(year/mm/dd)	(year/mm/dd)		
	Second step	_____	_____		
		(year/mm/dd)	(year/mm/dd)		
One step TB skin test (if employee has documented previous negative 2 step test)		_____	_____		
		(year/mm/dd)	(year/mm/dd)		
Chest x-ray and Symptom Screen (only if positive skin test)		Date of exam	Results		

*Employee with positive TST requires a medical note stating they are free of active TB (once assessment complete).

Health Care Provider Name (if applicable): _____

OR Employee Signature: _____

Date Completed: _____