Medical Form for Employment or Volunteer Positions

Rational

The Child Care and Early Years Act states that prior to commencing employment, each person employed in a child care centre has a health assessment and complete record of immunization. If a person objects to such immunization on religious grounds or medical examination a separated form must be completed by authorized person, please speak to your coordinator if applicable. Health Professionals are encouraged to call the Executive Director at 613-332-0179 should you have any questions related to the requirements of this form.

Procedure

Tuberculosis (TB) screening

Screening of employees 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 must be completed prior to starting employment. If employee 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.

Hastings Prince Edward Public Health requires TB screening for the following child care staff:

- 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.
- travelers 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 provides documentation of a negative two step in the past, only a One Step TB skin test is required. Previous positive TB skin tests should not be repeated. Chest x-ray and medical assessment is required for positive TB skin tests to rule out active Tuberculosis.

Positive TB skin tests require reporting to HPEPH Communicable Disease Program Intake line 613-966-5500 x 349

TUBERCULOSIS SCREENING: Required (meets high risk criteria above?) 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 he/she is free of active TB once assessment complete.					

Vaccinations

Note: Adults born in 1970 or late require on dose of MMR. A second dose of MMR is recommended for post-secondary students and young adult (18-25 years). Adults born before 1970 are considered immune against measles and mumps but require one dose of MMR if they are susceptible to rubella. One does of Adacel (dtap) in adulthood is required Tetanus and diphtheria(Td) vaccine is recommended every 10 years if there is unknown or negative history of chickenpox, a blood test can be performed to determine the need for immunization. Hepatitis B vaccine series is recommended if there is a child or worker at the facility who is a hepatitis B carrier or has acute hepatitis.

Vaccine	Date (DD/MM/YYYY)	Vaccine	Date (DD/MM/YYYY)	Vaccine	Date (DD/MM/YYYY)
Tetanus Must be within the last 10 years		Measles		Pollo	
Diphtheria must be within the last 10 years		Mumps		Varicella 1st dose	
Pertussis		Rubella		Varucella 2nd dose	
Hepatitis B		Influenza	○ Due to religious or conscience beliefs, I choose not to get the influenza shot(initial) ○ (DD/MM/YYYY)		

Attached laboratory –confirmed proof of immunity against any of the diseases is acceptable if above chart is not completed

Comments from Physician

1. Is this patient mentally fit of working in a Childcare environment? ○ Yes ○ No

2. Are there any significant findings that would influence his/her work with children from 0-12 years old? ○ Yes ○ No

3. Is this applicant free of communicable disease? ○ Yes ○ No

4. Known Allergies? ○ Yes ○ No

5. Is this applicant able to participate in vigorous physical activities? ○ Yes ○ No

6. Explain any serious illness, injury or surgery within the past year (including back problems) ○Yes ○No

Please include any accommodations we may support this individual with as an employee;

This is to certify that the above-named person has had a health assessment and found to be free of infectious disease. This person is medically fit for work in a child care centre where some heavy lifting of children may be involved.

Physician's Name:

Physician Signature:

Date (DD/MM/YYYY) of Visit:

Physician's Address:

Refuse Immunization (Select the bottom only if you refuse Immunizations)

- ○ Statement of Religious or Conscience Belief form; or
- ○ Statement of Medical Exemption form

Name of Staff: Signature: Date:

North Hastings Children's Services