



Community Resources Department  
**Volunteer Health Surveillance Form**

**Dear Doctor,**

**RE:** \_\_\_\_\_

**Date of Birth:**   mm   /   dd   /   yy   **Phone Number:** \_\_\_\_\_

Your patient: \_\_\_\_\_ is planning on joining the Volunteer program at Southlake Regional Health Centre.

**Immunization standards for those working and volunteering in a hospital environment are set forth in:**

1. The Hospitals Act 1990, revised Statutes of Ontario, Regulation 965
2. Communicable Disease Surveillance Protocols published jointly by the Ontario Hospital Association and Ontario Medical Association and approved by the Minister of Health

**TUBERCULIN SKIN TESTING:** meets standard?  Yes  No

All persons who are tuberculin skin test negative or whose status is unknown need to have a two step tuberculin skin test. The two-step tuberculin skin test using Mantoux 5TU PPD is the recommended method for initial testing.

If the Mantoux test is positive (10 mm or greater) a chest x-ray should be done to rule out active disease.

**MEASLES:** meets standard?  Yes  No

The following are acceptable as proof of immunity:

- i) Documented evidence of 2 doses of a live measles vaccine on or after the first birthday given at least 4 wks apart; OR
- ii) Laboratory (*serology*) evidence of immunity

**MUMPS:** meets standard?  Yes  No

The following are acceptable as proof of immunity:

- i) Documented evidence of 2 doses of a live mumps vaccine on or after the first birthday given at least 4 wks apart; OR
- ii) Laboratory (*serology*) evidence of immunity

**RUBELLA:** meets standard?  Yes  No

The following are acceptable as proof of immunity:

- ii) Documented evidence of 1 dose of live rubella vaccine on or after their first birthday; or
- i) Laboratory (*serology*) evidence of immunity

**VARICELLA:** meets standard?  Yes  No

The following are acceptable as proof of immunity:

- i) Documented evidence of 2 doses of Varicella vaccine given at least 4 weeks apart; OR
- ii) Laboratory (*serology*) evidence of immunity

**HEPATITIS B**

Hepatitis B immunity is preferred, but at this time is optional.





Community Resources Department

## Volunteer Health Surveillance Form

Physician's Name: *(print first, last)* \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:    /    /   

*Doctor, if you have questions about any of the above, please call the Occupational Health, Safety & Wellness Department at 905-895-4521, ext 2383.*

**PLEASE NOTE:**

- This form needs to be completed in **FULL** in order for us to process your volunteer file. Volunteers may not start until all standards have been met.
- If you have any **non-medical** questions related to your volunteer application please contact the Community Resources Department at 905-895-4521 ext. 2590
- Please be aware that because TB testing involves 4 visits to the doctor, it may take several weeks to complete. We suggest you contact your doctor as soon as possible.

**Visit 1** – to have your first test

**Visit 2** – to have your first test read

**Visit 3** – to have your second test

**Visit 4** – to have your second test read

*We suggest you take a photocopy of this form when it is completed so that you have a copy for your records.*

