HEALTH REVIEW FORM
Instructions for New Employees & Affiliates
LHSC, Thames Valley Children Centre, Lawson Health Research Institute & Volunteers

Welcome to London Health Sciences Centre! As part of your onboarding process, Occupational Health & Safety Services requires all new employees to meet the minimal standards for communicable disease prevention and surveillance outlined by the Ontario Hospital Association (OHA) and London Health Sciences Centre (LHSC) Policies. Please review these instructions thoroughly before submitting your form.

HOW TO SUBMIT THE HEALTH REVIEW FORM:

The form can be submitted by 3 methods:

Email: HealthReviews@lhsc.on.ca in pdf format
Fax: 519-685-8374 Victoria Hospital
Fax: 519-663-3476 University Hospital
Drop Box: Victoria Hospital Occupational Health & Safety Clinic E1-505
University Hospital Occupational Health & Safety Clinic A1-4506

WHEN TO SUBMIT THE HEALTH REVIEW FORM:

New employees are required to submit their Health Review form to Occupational Health & Safety Services (OHSS) at least **6 days prior to their start date**. **New employees with outstanding health review requirements will have their start date delayed.**

Employees are advised to begin the process of acquiring any outstanding immunizations/tests of immunity by accessing their primary care provider (family physician or nurse practitioner) or a community clinic as soon as possible after receiving their hire letter, as it may take **4-6 weeks** to complete these requirements. Employees who do not have a primary care provider can access their immunization records through their local health unit, college/university student health services, or a previous employer.

OHSS does not provide pre-employment vaccinations. New employees who have questions about the Health Review Form are encouraged to reach out to Occupational Health & Safety Services:

Victoria Hospital
519.685.8500 ext. 52286
HealthReviews@lhsc.on.ca

University Hospital
519.685.8500 ext. 33201
HealthReviews@lhsc.on.ca

SECTION A: HEALTH HISTORY

Provide the following information in the Health History section:

Health conditions that may impact the employee while at work, such as allergies/sensitivities to latex, rubber, environmental allergies/irritants, medications and food; skin breakdown associated with personal protective equipment (PPE); chronic health conditions such as heart or lung disease, diabetes, seizure disorder; or musculoskeletal/MSK disorders.

Limitations, restrictions or disabilities that may require an accommodation such as a *visual or hearing impairment, physical impairment, or a learning disability*.

An **N95 Fit Test**: is required every 2 years for all employees who have patient contact. Proof of current N95 fit tests should be submitted to N95FitTesting@lhsc.on.ca . **Please inquire with your leader if you are unsure if your role requires N95 Fit Testing.** New staff who require an N95 Fit test can self-schedule a test through iLearn. More information is available at: N95 Fit Testing

A **hearing test** is required for new staff working in roles identified as having a **noise hazard**. Please refer to your hire letter or specific request from you leader.

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SECTION B: IMMUNIZATION RECORD

REQUIRED VACCINATIONS:

The following vaccinations are required for employment at LHSC PRIOR TO THE START DATE. Proof of vaccinations must be provided, unless you physician or nurse practitioner is signing the form.

TB Skin Test

Proof of a baseline two-step TB skin test is required. If a two-step TB skin test was administered over 12 months ago, then proof of an additional one-step TB skin test administered in the last 12 months is required as well.

Important:

- A previous positive TB skin test precludes the need for any additional TB skin tests**
- All new employees who have a positive TB skin test (current or in the past) require one Chest X-Ray following their positive TB skin test, and must complete Section C: TB Questionnaire.
- To be considered valid, a TB skin test must be read 48-72 hours after being planted indicating the level of induration, and be administered and read by a trained health care professional.
- A TB skin test can be administered on the same day as a live vaccine (measles, mumps, rubella, varicella, or herpes zoster), but otherwise cannot be administered until 4 weeks after.
- BCG vaccination is not a contraindication to a TB skin test, and does not preclude the requirement for TB skin testing.
- An Interferon Gamma Release Assay (IGRA) is not a substitute for a TB skin test for occupational health purposes (OHA Guidelines, 2018).

Measles, Mumps, Rubella (MMR)

2 doses of the MMR vaccine are required on or after the 1st birthday and at least 4 weeks apart, or 2 doses of measles and mumps vaccine plus 1 dose of a rubella vaccine if provided separately, or copy of blood work demonstrating immunity.

Varicella (Chicken Pox)

2 doses of varicella vaccine are required given at least 4 weeks apart, or a copy of blood work demonstrating immunity.

**A self-reported history of chicken pox or shingles (herpes zoster) is not sufficient to demonstrate immunity.

COVID-19 Vaccine:

Proof of 2 doses of COVID-19 vaccine are required for all new employees and affiliates at LHSC.

RECOMMENDED VACCINATIONS:

Hepatitis B:

Hepatitis B vaccination is recommended for employees who have potential for exposure to blood and/or body fluids, including those at risk for sharps injuries. A full series consists of of 3 vaccinations in adulthood, or 2 vaccinations provided in adolescence. Evidence of immunity after receiving the Hepatitis B vaccine series should be determined prior to employment to guide post-exposure actions taken by OHSS.

Tetanus Diphtheria Acellular Pertussis (Tdap)

A one-time adult dose with a pertussis-containing vaccine (Tdap) is recommended, regardless of the interval since the last Tetanus-Diphtheria (Td) vaccine was received. A record of your most recent Td vaccine is helpful in the event that you are injured at work, however this is also not mandatory.

Influenza (Flu)

Annual vaccination for influenza is highly recommended for all employees. OHSS provides influenza vaccine every fall to all LHSC staff and qualifying affiliates onsite.

ROLE-SPECIFIC VACCINES:

Meningococcal Vaccine The quadrivalent meningococcal A,C,Y,W-135 conjugate vaccine or 4CMenB vaccine or both are recommended for laboratory personnel who may be routinely exposed to preparations of cultures of *N. meningitidis* (i.e. some microbiology MLTs). Refer to your hire letter or specific instructions from your leade

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EMPLOYEE HEALTH REVIEW FORM

Section A: Health History

To be completed and signed by the Employee

START DATE: _____

LAST NAME	FIRST NAME	MIDDLE INITAL
EMPLOYEE #:	DATE OF BIRTH	SEX:
JOB TITLE	DEPARTMENT	SITE: VH☐ UH☐ Other:
EMPLOYEMENT STATUS: ☐ Full-Time ☐Part-Time ☐Casual	EMPLOYMENT CONDITION: ☐ Permanent ☐Temporary ☐ Contract ☐Private Hire ☐Co-op Student ☐Volunteer	COORDINATOR/MANAGER
EMAIL ADDRESS:		PHONE #:
HOME ADDRESS:		
PRIMARY CARE PROVIDER:	EMERGENCY CONTACT PERSON: CONTACT #:	OHIP# (OPTIONAL)

PERTINENT HEALTH INFORMATION

Do you have any allergies or health conditions that you feel Occupational Health & Safety Services should be aware of? ☐ Yes ☐ No If Yes, provide details below

Do you have limitations/restrictions, or a disability that requires an accommodation or ergonomic adjustment in the workplace?

☐ Yes ☐ No If Yes, provide details below

N95 MASK FIT TEST:

N95 Fit Test Date: _____ Size: _____

Send Fit Test Record to: N95FitTesting@lhsc.on.ca

If you have not had an N95 Fit Test in the past two years, you may register for a test through the iLEARN section of your corporate orientation (refer to new employee communication from GO2HR)

HEARING TEST (If Requested by your leader)

Hearing test Date: Result: ☐ Normal ☐ Abnormal

Provide copy of report if abnormal

I acknowledge that the information provided on this form is true and complete. I understand that all medical information provided is confidential, and shall not be released to any source internally or externally without my consent. I understand that Occupational Health & Safety Services will maintain my health information and will comply with the LHSC Confidentiality Policy.

Employee's Signature: _____ Date:_____

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EMPLOYEE HEALTH REVIEW FORM

Section B: Immunization & Status of Immunity

Complete and PROVIDE DOCUMENTATION to support immunization and immunity

NAME:	DOB:	EMPLOYEE ID #

REQUIRED VACCINATIONS/PROOF OF IMMUNITY

TB skin Test * Repeat TB Skin test is not required if positive in the past

If positive (> 10mm induration) or history of positive TB Skin Test→ complete Section C: TB Questionnaire

Test	Date Planted	Date Read	Result +/-	Level of Induration (mm)
1st step				
2nd Step				
Annual				

MMR Vaccination/Evidence of Immunity (if full series provided, evidence of immunity not required)

	Date	Immune Yes/No
MMR Vaccine # 1		
MMR Vaccine #2		
Measles Serology		
Mumps Serology		
Rubella Serology		
☐Measles, Mumps and Rubella administered separately (attach document with dates)		

VARICELLA Vaccination/Evidence of Immunity (If full series completed evidence of immunity not required)

	Date	Immune Yes/No
Varicella 1		
Varicella 2		
Varicella Serology		

COVID-19 VACCINATION

	Brand Name	Date:
COVID 19 #1		
COVID 19 #2		

RECOMMENDED VACCINATIONS

Hepatitis B Vaccination

	Date	Immune Yes/No
1st Hep B		
2nd Hep B		
3rd Hep B		
Booster (if applicable)		
Evidence of Immunity (HBsAb)		

TDAP Vaccination

	Date:
Tdap	
Date of most recent Td (optional):	

INFLUENZA Vaccination:

Provide date of most recent vaccination	Date:
Influenza	

ROLE SPECIFIC VACCINATIONS

MENINGITIS Vaccination * See instructions

	Date:
Men-C-ACYW-135	
4CMenB	

Employee Signature: _____ **Date:** _____

Health Care Provider Signature

(*Required only if a licensed physician/nurse practitioner is verifying immunization/immunity without forwarding supporting documents)*

STAMP

Signature: _____ **Date:** _____

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Section C: TUBERCULOSIS (TB) QUESTIONNAIRE

To be completed **ONLY** by those who have recently or historically had a
POSITIVE TB SKIN TEST (TST)

LHSC follows the Ontario Hospital Association (OHA) Tuberculosis Surveillance Protocol for all staff with a positive TB skin test. A positive TB Skin Test occurs following exposure to TB, during active TB, or as a result of BCG vaccination. The information you provide on this form will assist Occupational Health & Safety Services (OHSS) to determine the reason for your positive result, the need for further investigation, or the benefit of additional medical assessment. OHSS will provide additional health teaching resources, or schedule an appointment with the OHSS Nurse Practitioner.

Name:
Employee ID #:

Position:

Positive TB Skin Test

Date Planted	Date Read	Level of Induration

Test completed by: _____

Chest X-Ray A Chest X-Ray is required **following** the date the TB skin test was read. Please **attach a copy** of the X-ray Report.

Date of Chest X-ray	**Result (Normal/Abnormal)**

Have you ever had abnormal findings on a chest X-ray relating to TB?

☐ **Yes**
Findings: _____
_____

☐ **No:**

BCG Vaccination

Have you received BCG vaccination?

☐ Yes
☐ No

Date(s): _____

☐ < 2 years of age
☐ > 2 years of age

In What country did you receive this vaccination?

_____

History

History of active TB disease

☐ Yes
☐ No

Unprotected TB exposures in previous year

☐ Yes
☐ No

History of symptoms of active TB in previous year:

☐ Yes
☐ No

If yes, what symptoms have you experienced?

☐ Productive Cough ☐ Unexplained Weight loss
☐ Loss of Appetite ☐ Fatigue
☐ Fever ☐ Cough up blood
☐ Chest Pain ☐ Night Sweats

Immigration and Travel

Country of Birth: _____

Country from which you immigrated to Canada:
_____

Date of Immigration to Canada:
_____

Age at Immigration: _____

Have you travelled to any TB endemic countries?

☐ Yes Where: _____
☐ No:

Medical Follow Up

Have you consulted with a medical practitioner or Infectious Diseases Specialist about your positive TB Skin test?

☐ Yes → **Attach documentation if available**
☐ No

Have you had an IGRA test?

☐ Yes Result: ☐ Negative ☐ Positive
Date of Test: _____
→**Attach result**
☐ No

Have you been treated for Latent TB Infection (LTBI)?

☐ Yes Medication:
Length of Treatment:
Date completed: _____
☐ No

IMPORTANT INFORMATION:

To prevent a significant reaction, **you must avoid having additional TB Skin Tests.**

It is recommended that you maintain a personal record of your TB Skin Test and Chest X-Ray for future reference.

Should you develop signs or symptoms of active TB you must seek medical attention immediately.

Signature:

Date: