

HEALTH REVIEW FORM Instructions for Volunteers

Welcome to London Health Sciences Centre! As part of your onboarding process, Occupational Health & Safety Services requires all volunteers 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 A1-450

WHEN TO SUBMIT THE HEALTH REVIEW FORM:

New Volunteers are required to submit their Health Review Form to Occupational Health & Safety Services (OHSS) prior to their start date. **Proof of vaccinations, tests for immunity and TB skin test results are required.**

Volunteers can have outstanding requirements completed in OHSS. In order to facilitate this process, the following steps are required:

1. Review your current immunization records to determine what is outstanding. Records can be obtained from your primary care provider, public health unit, or education institution.
2. Complete the health review form with all of your existing immunizations.
3. Submit form to OHSS.
4. OHSS nurse will review your form and contact you if there are outstanding requirements.

Volunteers who have questions about their health review requirements 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.*

SECTION B: IMMUNIZATION RECORD

All LHSC volunteers must provide proof of the following **minimum requirements**:

2 step Tuberculosis (TB) skin test

2 Varicella vaccinations or proof of immunity

2 MMR vaccinations or proof of immunity

2 COVID 19 vaccinations with QR code proof of immunization

A physician or nurse practitioner can sign Section B: Immunization Record as attestation that the requirements have been completed, with the exception of COVID 19 vaccinations which require proof that includes a QR code.

2 Step TB Skin Test

- A baseline two-step TB skin test is required, **unless the volunteer has had a previous positive skin test.**
- If a two-step TB skin test was administered over 12 months ago, then proof of an additional one-step TB skin test (annual) administered in the last 12 months is needed as well.
- **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) or QuantiFERON-TB Gold is not a substitute for a TB skin test for occupational health surveillance purposes. These tests are used clinically to rule out false positive results.

Important information about TB Skin Test administration and reading requirements

- 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
- A TB Skin Test is considered positive if the level of induration (firm swelling) is **≥ 10 mm**, or > 5mm if criteria listed in Section C: TB Questionnaire are applicable**

Positive TB skin Test Follow-Up:

- All new volunteers who have a positive TB skin test (current or in the past) require one **Chest X-Ray** completed after their positive TB skin test, and must complete **Section C: TB Questionnaire**. An OHSS Nurse Practitioner will review the questionnaire and will follow up with the volunteer.

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 is not sufficient to demonstrate immunity.

COVID-19 Vaccine:

2 doses of COVID-19 vaccine are required for all new employees and volunteers at LHSC. At least one booster dose is recommended. **Proof of COVID 19 vaccination that includes a QR code is required.**

VOLUNTEER HEALTH REVIEW FORM
Section A: Health History

To be completed and signed by the Volunteer

START DATE: _____		
LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	SEX: <input type="checkbox"/> M <input type="checkbox"/> F Other:	PHONE #:
VOLUNTEER RESOURCE ASSOCIATE:		SITE: <input type="checkbox"/> VH <input type="checkbox"/> UH Other:
EMAIL ADDRESS:		
HOME ADDRESS:		
EMERGENCY CONTACT PERSON:		CONTACT #:

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**

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.

Volunteer's Signature: _____

Date: _____

VOLUNTEER HEALTH REVIEW FORM
Section B: Immunization & Status of Immunity

Complete and PROVIDE DOCUMENTATION to support immunization and immunity
REVIEW THE INSTRUCTIONS PRIOR TO COMPLETING THIS SECTION

NAME:	DOB:
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REQUIRED VACCINATIONS/PROOF OF IMMUNITY

TB Skin Test
**** Refer to the instructions on Page 2. A Positive TB skin Test is > 10 mm of induration ****

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

MMR Vaccination or 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		
<input type="checkbox"/> Measles, Mumps and Rubella administered separately (attach document with dates)		

VARICELLA Vaccination or 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: Proof of vaccination with QR Code Required

	Brand Name	Date:
COVID 19 #1		
COVID 19 #2		
COVID 19 Booster - recommended (most recent)		

Volunteer Signature: _____

Date: _____

*****Health Care Provider Signature**
(Required only if a licensed physician/nurse practitioner is attesting to immunization/immunity without forwarding supporting documentation; does not pertain to COVID 19 vaccinations which require proof)

Signature: _____

Date: _____

STAMP

Section C: TUBERCULOSIS (TB) QUESTIONNAIRE

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

LHSC follows the Ontario Hospital Association (OHA) Tuberculosis Surveillance Protocol for all staff and volunteers 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:		Position:	
		Age:	
Positive TB Skin Test		BCG Vaccination	
Date Planted	Date Read	Level of Induration	Have you received BCG vaccination?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Location Test was Administered:		Date(s): _____	
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.		<input type="checkbox"/> < 2 years of age	
		<input type="checkbox"/> > 2 years of age	
Date of Chest X-ray	Result (Normal/Abnormal)	In What country did you receive this vaccination?	

Have you ever had abnormal findings on a chest X-ray relating to TB?			
<input type="checkbox"/> Yes			
Findings: _____			

<input type="checkbox"/> No:			
History		Immigration and Travel	
History of active TB disease		Country of Birth: _____	
<input type="checkbox"/> Yes			
<input type="checkbox"/> No		Country and state/province/territory (if applicable) from which you immigrated to Canada:	
Unprotected TB exposures in previous year		_____	
<input type="checkbox"/> Yes		Date of Immigration to Canada:	
<input type="checkbox"/> No		_____	
History of symptoms of active TB in previous year:		Age at Immigration: _____	
<input type="checkbox"/> Yes			
<input type="checkbox"/> No		Have you travelled to any TB endemic countries?	
If yes, what symptoms have you experienced?		<input type="checkbox"/> Yes Where: _____	
<input type="checkbox"/> Productive Cough		Date: _____	
<input type="checkbox"/> Loss of Appetite			
<input type="checkbox"/> Unexplained Weight loss		<input type="checkbox"/> No	
<input type="checkbox"/> Fatigue			
<input type="checkbox"/> Fever			
<input type="checkbox"/> Cough up blood			
<input type="checkbox"/> Chest Pain			
<input type="checkbox"/> Night Sweats			
Medical Follow Up		**IMPORTANT INFORMATION**	
Have you consulted with a medical practitioner or Infectious Diseases Specialist about your positive TB Skin test?		A TB Skin Test is considered positive if the level of induration (firm swelling) is ≥ 10 mm, or ≥ 5 mm if the following criteria are met:	
<input type="checkbox"/> Yes → Attach documentation if available		<ul style="list-style-type: none"> • HIV infection • Contact with infectious TB in the past 2 years • Fibronodular disease on chest X-ray • Organ transplant • TNF alpha inhibitors • Treatment with immunosuppressive drugs (equivalent to 15 mg/day of Prednisone for 1 month or more) • End stage renal disease 	
<input type="checkbox"/> No			
Have you had an IGRA or QuantiFERON-TB GOLD test?			
<input type="checkbox"/> Yes → Attach result			
Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive			
Date of Test: _____			
<input type="checkbox"/> No			
Have you been treated for Latent TB Infection (LTBI)?			
<input type="checkbox"/> Yes Medication: _____			
Length of Treatment: _____			
Date completed: _____			
<input type="checkbox"/> No			
Volunteer Signature:		Date:	