

HEALTH SCREEN INSTRUCTIONS PROFESSIONAL STAFF/RESIDENTS/CLINICAL FELLOWS/VISITING ELECTIVES

Welcome to London Health Sciences Centre! As part of your Medical Affairs onboarding process, Occupational Health Services requires all Credentialed Professional Staff, Residents, Clinical Fellows and Visiting Electives to complete a health screen before their start date.

Submission:

Completed Health Screens are submitted to: OHSS-MedicalAffairs@lhsc.on.ca

All documents must be submitted in **English** and in **PDF** format

Additional Information and Frequently Asked Questions about the Health Screen are available at [Health Review | LHSC](#)

Immunization Requirements:

All Medical Affairs Credentialed Professional Staff, Residents, Clinical Fellows and Visiting Electives must provide **proof** of the following [minimum requirements](#) in PDF format:

- 2 Varicella vaccinations or proof of immunity
- 2 Measles, Mumps and Rubella vaccinations or proof of immunity
- Annual seasonal Influenza vaccine
- Hepatitis B serology

Professional staff, Residents, Clinical Fellows and Visiting Electives who decline vaccinations may require work restrictions and/or a work accommodation. Work accommodations are based on the relevant exposure risks, and subject to the hospital's ability to accommodate

Tuberculosis (TB) Surveillance Requirements:

All Credentialed Professional Staff, Residents, Clinical Fellows and Visiting Electives must meet the requirements for TB surveillance with LHSC. These include:

- Proof of 2 step TB skin test **OR** recent or historical positive TB skin test (**> 10 mm of induration**)
- Annual TB skin test **IF** 2 step completed > 12 months ago

BCG vaccination, QuantiFERON-TB Gold/ IGRA serology do not preclude the requirement of a TB skin test
A chest X-ray is only required if the TB skin test is positive. **Refer to Section C: TB Questionnaire**

Serology:

Credentialed Professional Staff, Residents, Clinical Fellows, and Visiting Electives who perform exposure-prone procedures have an ethical responsibility to know their serological status for Hepatitis B Virus, Hepatitis C Virus and Human Immunodeficiency Virus (HIV). Those who learn they are infected should seek advice from their professional regulatory body. Occupational Health Services (OHS) can advise on recommended safe work practices.

N95 Fit Testing:

Fit testing for an N95 particulate respirator is required every 2 years for all Credentialed Professional Staff, Residents, Clinical Fellows and Visiting Electives.

Pertinent Health History:

Credentialed Professional Staff, Residents, Clinical Fellows and Visiting Electives should provide information about allergies, health conditions, and accommodation requirements to OHS.

Recommended Immunizations:

The following immunizations are not required, but are recommended for all Credentialed Professional Staff, Residents, Clinical Fellow, and Visiting Electives:

- Hepatitis B
- Tetanus, Diphtheria, Pertussis (Tdap)
- COVID-19

Health Screen Form: Section A

Start Date:

Last Name:		First Name:	
Gender:	Date of Birth: Click or tap to enter a date.	College Registration # (CPSO/RCDSO/CMO/CNO):	
Phone:		Email:	
Emergency Contact Person:		Contact's Phone:	
Professional Staff	Resident	Clinical Fellow	Visiting Elective
Department:		Leader:	
Past LHSC Record:	Yes	No	

PERTINENT HEALTH INFORMATION

Do you have any allergies or health conditions that you feel Occupational Health 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 your ME (My Education) account. You will require your corporate ID which will be emailed to you prior to your start date at LHSC.

Health Screen: Section B

REQUIRED IMMUNIZATIONS OR PROOF OF IMMUNITY

(attached Proof in English and pdf format)

Measles, Mumps & Rubella (MMR) :		
<i>Provide proof of vaccination OR serology reports demonstrating immunity</i>		
	Date	Immune Yes/No
MMR #1		
MMR #2		
Measles Serology		
Mumps Serology		
Rubella Serology		

Varicella:		
<i>Provide proof of vaccination OR serology reports demonstrating immunity</i>		
	Date	Immune Yes/No
Varicella #1		
Varicella #2		
Varicella Serology		

Hepatitis B:		
<i>Provide serology reports demonstrating immunity</i>		
	Date	Immune Yes/No
Anti-HBs		

Seasonal Influenza: Provide proof of vaccination for <i>current</i> influenza season		
	Date	Brand
Influenza		

Tuberculosis Surveillance			
TB Test	Date Planted	Date Read	Level of Induration
Step 1			
Step 2			
Annual (<i>If applicable</i>)			
Positive TB Skin Test→ Complete Section C & D			

Recommended Immunizations:

Please attach proof of the following recommended immunizations, if applicable:

- Hepatitis B series and booster (if applicable)
- Tetanus, Diphtheria & Pertussis vaccination
- COVID-19 vaccination

Attestation:

I attest that the information provided on this form is true and complete. I understand that all private health information is confidential and shall not be released to any source internally or externally without my consent. I understand that Occupational Health Services will maintain my health information and will comply with the London Health Sciences Centre Confidentiality Policy.

Signature:

Date:

Section C: Tuberculosis (TB) Questionnaire (Positive TB Skin Test Only)

A TB Skin Test is considered positive if the level of induration (firm swelling) is ≥ 10 mm*

Positive TB Skin Test

Date Planted:

Date Read:

Level of Induration:

Chest X-Ray:

Must be completed following the date the TB skin test was read

Date:

Result:

If Abnormal Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> fibronodular disease | <input type="checkbox"/> granulomata | <input type="checkbox"/> calcified granulomata |
| <input type="checkbox"/> evidence of active TB | <input type="checkbox"/> evidence of past TB infection | |
| <input type="checkbox"/> other: | | |

Relevant History:

- History of active TB disease
 - Unprotected TB exposures in previous year
- History of symptoms of active TB in previous year:
- No symptoms
 - Productive cough
 - Shortness of Breath
 - Night Sweats
 - Blood in Sputum
 - Fever
 - Unexplained weight loss
 - Chest Pain
 - Fatigue

Risk Factors for Developing Active TB:

- | | | |
|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> HIV | <input type="checkbox"/> TNF | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Smoke | <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> BMI < 20 |
| <input type="checkbox"/> Silicosis | <input type="checkbox"/> Tx with glucocorticoids | |

BCG Vaccination

Have you received BCG vaccination?

- Yes Date:
 - Less than 2 years of age
 - 2 years of age or older
- No

Immigration History

Country of Birth:
 State/province/territory (if applicable):
 Date of Arrival in Canada:
 Age when arrived in Canada:

Travel History

Countries visited in the last 12 months:

Medical follow Up

Check all that apply:

- Have reviewed positive TB skin test with a medical practitioner
- QuantiFERON-TB Gold or IGRA serology completed
 - Result:
 - Date of Test:
- Treated for active or Latent TB Infection (LTBI)
 - Date Completed:

I would like to talk to an Occupational Health Nurse Practitioner to receive further education, investigation and/or treatment regarding my positive TB testing:

- Yes
- No

***A TB skin test can be considered positive if induration is ≥ 5 mm if the following criteria are met:**

HIV infection, contact with infectious TB in the past 2 years, fibronodular disease on chest X-ray, organ transplant, treatment with TNF alpha inhibitors, treatment with immunosuppressive drugs (equivalent to 15 mg/day of Prednisone for 1 month or more), or end stage renal disease

Section D: Positive TB Test Education & Attestation (Positive TB Skin Test Only)

Latent TB Infection (LTBI):

A positive TB skin test (TST), in the absence of evidence of active TB, is most often attributed to Latent TB Infection (LTBI).

BCG Vaccination:

BCG vaccination is rarely the reason for a positive TB skin test in adulthood. For those who have only received one BCG vaccination, it is estimated that only 1% of those given BCG as an infant will have a TB skin test after 10 years of age. Therefore, if you have had one BCG vaccination as an infant, then your positive TB skin test result is likely a true positive. The positive predictive value of your TB skin test can be calculated by using the [The Online TST/IGRA Interpreter \(tstin3d.com\)](http://tstin3d.com)

Monitoring for Signs & Symptoms of Active TB:

Individuals with LTBI may progress to active TB during periods of immunosuppression, even with a normal chest x-ray. There is an approximate 5% lifetime cumulative risk of reactivation to an acute (active) TB infection. Signs and symptoms of active TB infection include a progressively worsening cough lasting > 3 weeks, hemoptysis, chest pain, shortness of breath, fever, night sweats and unexplained weight loss.

Additional Testing & Assessment:

Repeat TB skin tests are medically contraindicated and should be avoided. Severe localized and blistering reactions can occur if a TB skin Test is given after already having a positive test. There is also no clinical value in performing a TST in the future once a test is considered positive.

Chest X-rays for the purpose of surveillance following a normal chest x-ray are not required.

QuantIFERON -TB gold serology test is an option to determine if my TB skin test is a true or false positive. This test is not covered by OHIP, and can be ordered through primary care providers or OHSS Nurse Practitioners.

A referral to an Infectious Disease Specialist to discuss the risk of developing active TB and treatment for LTBI can be arranged through primary care providers or the OHS Nurse Practitioners.

Attestation:

I attest that I have reviewed the above information and understand that an OHS Nurse Practitioner may contact me if further information is required to provide clearance to practice at LHSC related to TB. I understand that I am responsible for monitoring signs and symptoms of active TB and will seek out medical attention, refrain from attending work at LHSC in person, and contact OHS if these symptoms occur. I attest that the information provided on the TB Questionnaire is true and complete.

Signature:

Date: